

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for
Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION		1. U.S. Citizen <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT If No, City and Country of Birth: _____	
2. NAME (Last, First, Middle Initial, Suffix) SCRIMPshire, DUNCAN E.		3. STUDENT IDENTIFICATION (SID) NUMBER 0004413090	
4. HOME MAILING ADDRESS (Street, avenue, road no, P.O. box/city or town, state, and zip code) 77 THEOS ROAD LAUREL, MS 39443		5. WORK PHONE NO. 601-428-6438 6. HOME PHONE NO. 601-422-8129 7. FAX NO. _____ 8. E-MAIL ADDRESS: ESCRIMPshire@LAURELMS.COM	
9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application) L273 MANAGING FLOODPLAIN		9b. COURSE LOCATION PEARL, MS	
		9c. DATES REQUESTED (Please give three choices) JUNE 23-28 24-27	
10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING			
INSTITUTION JONES COLLEGE		DEGREE/CERTIFICATE ASSOCIATES	
DATE EARNED 2015		COURSE/FIELD OF STUDY LIBERAL ARTS	
11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, describe & indicate any special assistance required on a separate sheet)			
SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION			
12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED CITY OF LAUREL, MS 501 N 5TH AVENUE LAUREL, MS 39440		12b. NFIRS # (NFA STUDENTS ONLY)	
		13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION BUILDING INSPECTOR/1	
14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			
14 a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 2. <input type="checkbox"/> COUNTY GOVERNMENT 3. <input checked="" type="checkbox"/> CITY/TOWN/VILLAGE		14 b. ORGANIZATION 1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION	
4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 6. <input type="checkbox"/> INDUSTRY/BUSINESS		15. CURRENT STATUS 1. <input checked="" type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST	
7. <input type="checkbox"/> FOREIGN 8. <input type="checkbox"/> DHS/FEMA 9. <input type="checkbox"/> TRIBAL NATION			
16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application. Inspection of building and plumbing of new and remodel. Demolition of dilapidated properties. investigation of complaints/ Code Enforcement, Ordinance Enforcement for City of Laurel			
17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.			
17a. PRIMARY RESPONSIBILITY 1. <input type="checkbox"/> MANAGEMENT 2. <input type="checkbox"/> TRAINING/EDUCATION 3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING 4. <input checked="" type="checkbox"/> INVESTIGATION 5. <input type="checkbox"/> FIRE PREVENTION 6. <input type="checkbox"/> FIRE SUPPRESSION 7. <input type="checkbox"/> PROGRAM/ACTIVITY 8. <input type="checkbox"/> HEALTH 9. <input type="checkbox"/> PUBLIC WORKS 10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY 11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE 12. <input type="checkbox"/> HAZARD MITIGATION 13. <input type="checkbox"/> EMERGENCY PREPAREDNESS 14. <input type="checkbox"/> OTHER (Specify) _____		17b. TYPE OF EXPERIENCE 1. <input type="checkbox"/> INCIDENT COMMAND 2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT 3. <input type="checkbox"/> SUPERVISION 4. <input type="checkbox"/> BUDGET/PLANNING 5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY 6. <input type="checkbox"/> COORDINATION/LIAISON 7. <input type="checkbox"/> PUBLIC EDUCATION 8. <input type="checkbox"/> CODE DEVELOPMENT 9. <input checked="" type="checkbox"/> CODE ENFORCEMENT/INSPECTION 10. <input type="checkbox"/> SUPPORT SERVICES 11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT 12. <input type="checkbox"/> ARSON 13. <input type="checkbox"/> LAW ENFORCEMENT 14. <input type="checkbox"/> DESIGN AND PLANNING 15. <input type="checkbox"/> OTHER (Specify) _____	
		17c. NUMBER OF YEARS OF EXPERIENCE 1 17d. SIZE OF DEPARTMENT 5 17e. BUSINESS TYPE 1. <input checked="" type="checkbox"/> GOVERNMENT 2. <input type="checkbox"/> EDUCATION 3. <input type="checkbox"/> FIRE SERVICE 4. <input type="checkbox"/> LAW ENFORCEMENT 5. <input type="checkbox"/> VOLUNTEER AGENCY 6. <input type="checkbox"/> EMERGENCY MANAGEMENT 7. <input type="checkbox"/> HEALTH CARE 8. <input type="checkbox"/> PUBLIC WORKS	
18. DATE OF BIRTH JANUARY 29, 1958		19. GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
20. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input checked="" type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER		20a. Ethnicity <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO	

SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).

21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee.

21c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

21d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC, and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

SIGNATURE OF APPLICANT

DUCNAN ERIC SCRIMPISHIRE *DUNCAN SCRIMPISHIRE*

DATE
04-11-2019

22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE

DUNCAN SCRIMPISHIRE

22b. PRINTED NAME AND TITLE

SCRIMPISHIRE, DUNCAN E. BLD. INSP.

23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

23a. SIGNATURE AND DATE (State Office)

23b. SIGNATURE AND DATE (FEMA Regional Office)

24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO:

NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS, BLDG. I-216
16825 SOUTH SETON AVENUE
EMMITSBURG, MD. 21727

24b. FOR EMI COURSES DELIVERED AT NETC, MWEOC, OR NTF SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL TRAINING MANAGER TO NETC.

24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.

25. DISPOSITION

☐ ACCEPTED ☐ REJECTED

SIGNATURE OF REVIEWER

DATE

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to NFA or EMI.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 *et seq.*; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 *et seq.*; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES - To determine eligibility for participation in NFA and EMI courses. Information such as age, gender, and ancestral heritage are used for statistical purposes only.

USES - Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring States, local officials, or State agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) NOTE: Do not send your completed form to this address.

The class room location and address information can be found below. See you at the class.

Mississippi Emergency Management Agency

1 MEMA Drive

Pearl, MS. 39208

Training Room # 110 A/B