Rotary Wing SAR Team Self-Assessment Tool
HELICOPTER/ROTARY WING SEARCH AND RESCUE (SAR) TEAM

Based on FEMA's Resource Typing Library Tool (RTLT)
and National Resource Typing Standards

Version 2.1 – January 2026

Specialty Response Team
Assessment Program

Overview of the Tool's Purpose

This Self-Assessment Tool is designed to support specialty response teams in evaluating their operational readiness, capabilities, and alignment with FEMA's National Incident Management System (NIMS) resource typing definitions. By following a structured, objective review of personnel qualifications, equipment inventories, deployment logistics, and operational standards, this tool enables teams to measure their current capacity against nationally recognized benchmarks for each team type (Type V – Type I).

The primary goal is to provide a realistic snapshot of each team's strengths, identify areas for growth, and guide targeted improvements through an administrative assessment. These assessments inform planning, enhance interagency coordination, and support requests for mutual aid or deployment by state and federal agencies.

Purpose of the Self-Assessment Report and Assessors' Report

Teams will utilize the self-assessment reporting tool to provide the assessors with a complete view of their capabilities, denoting what typing level the team aspires to be administratively recognized as by the Florida Division of Emergency Management. During the Assessment, Assessors will review your documentation, cache, and other supporting documentation against the RTLT and other standards to provide a typing based on observation and assessment within the Assessor's Report. Note, this Assessment does not bar the Team from responding in their jurisdictions. The Assessment merely provides recognition or guidance based on administrative observations.

Assessment Presentation and Documentation

Teams will present their finished self-assessment during a scheduled evaluation session with assessors and peer reviewers. This session is intended to validate information, discuss discrepancies, and highlight best practices.

To support the assessment presentation:

Teams should have all supporting documentation readily available, including Position Task Books (PTBs) if available, training certificates, equipment inventories, deployment rosters, standard operating guidelines (SOGs), and mutual aid agreements.

Electronic or physical formats are acceptable, but documents should be clearly labeled and accessible to assessors.

Supporting materials help substantiate the team's claimed capabilities and ensure alignment with FEMA's typing and credentialing expectations. Supporting documents should be on hand for reference

Section 1: Team Identification

This section provides foundational information about your team's identity, structure, and recent operational experience. Complete this section with clear and current data, as it establishes the context for your team's readiness and capabilities throughout the assessment. This information is critical for reviewers and assessors to validate alignment with FEMA Typing standards.

Please ensure that all information provided is accurate and current as of the date of the assessment. Supporting documentation, such as a current Typing Certificate (if issued by an authority), current or recent IAPs, or a clear Organizational Chart, is highly recommended for presentation during your assessment session.

Team Name: _____

Sponsoring Agency or Jurisdiction: _____

Team Point of Contact/Program Manager (Name, Title): _____

Phone Number: _____ Email Address: _____

Financial POC: _____

Phone Number: _____ Email Address: _____

Is your agency willing to deploy your team?

☐ Yes   ☐ No

If yes, are you willing to deploy:

☐ County   ☐ Statewide   ☐ EMAC (Out-of-State)   ☐ Federal

Does your airframe(s) maintain an airworthiness certification?

☐ Yes   ☐ No   ☐ NA

Does your agency operate under FAA Part 91, Public Use, or Combination?

☐ Part 91   ☐ Public Use   ☐ Combination

What kind of patients can your airframes transport?

☐ Ambulatory   ☐ Littered   ☐ Both

Do your airframes have camera or imagery capability?

☐ Yes   ☐ No

If yes, what kind:

Do you have imagery downlink capability? ☐ Yes ☐ No

If yes, what kind?

Do your airframes have Night Vision capability, or do your pilots have Night Vision Goggles available to them?

☐ Yes   ☐ No

Do you have a fuel tanker in support of your air operations?

☐ Yes   ☐ No

If yes, what size fuel tanker do you have?

Helicopter/Rotary Wing Search & Rescue Team Typing Level

(Select the highest level of typing you are seeking to be recognized as):

☐ Type V   ☐ Type IV   ☐ Type III   ☐ Type II   ☐ Type I   ☐ NA

This space left intentionally blank

Section 2: Mission/Activation/Callout History

Instructions:

This section captures a detailed summary of a recent Rotary Wing Response Team mission/activation/call-out within the past 36 months (up to 3 deployments) that reflects the team's operational capabilities and alignment with FEMA's resource typing definitions. This information will help assessors evaluate the team's ability to mobilize, operate, and sustain technical rescue functions in a real-world incident environment.

Provide complete, verifiable details. Supporting documentation should be made available during the assessment (e.g., ICS 214 Unit Logs, deployment orders, mission rosters, After-Action Reports, or issued Mission Ready Package activations).

Recommended Supporting Documentation for Assessment Presentation:

- ✓ ICS 201/202 or IAP Assignment Pages
- ✓ ICS-204 Assignment List (Selected Operational Periods)
- ✓ ICS 205, if available
- ✓ ICS 206, if available
- ✓ ICS-214 Unit Logs (Selected Days, if available)
- ✓ ICS 220
- ✓ Deployment Roster
- ✓ Mission Ready Package Activation (if applicable)
- ✓ Photos or Maps of Operations Area (Optional)
- ✓ Currency requirements for hoist operations

Recommended for the Presentation at Assessment Session:

- ✓ Organizational Chart (reflecting current team structure)
- ✓ Typing Certificate (if issued by state or federal authority)

Mission/Activation/Callout Report #1

Incident Name: _____

Mission Dates: From _____ to _____ - OR -

Total Days or Operational Periods: _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County:_____   State: _____

Sponsoring or Tasking Agency: _____

Mission/Activation/Callout Activation Type:

☐ Local Mutual Aid   ☐ Regional (Intrastate)   ☐ State Activation (SERT/FDEM)
☐ Federal

Typing Level at Time of Mission/Activation/Callout:

☐ Type V   ☐ Type IV   ☐ Type III   ☐ Type II   ☐ Type I   ☐ NA

Mission/Activation/Callout Metrics

Total Team Members Deployed: _____

Disciplines Represented (Check all that applied):

☐ Search   ☐ Rescue   ☐ Maritime   ☐ Special Operations
☐ Hoist   ☐ Other: _____

What is your agency's maximum allowable continuous flight time?

☐ 6 hrs.   ☐ 8 hrs.   ☐ 10 hours

What is your agency's maximum allowable continuous flight time under an Executive Order?

☐ 10 hrs.   ☐ 12 hrs.   ☐ 14 hours

Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team's core Rotary Wing Response Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team's actual performance and readiness in a mission environment consistent with its typing.

Example:

"In September 2025, we were activated to assist the rescue of disaster survivors stuck on rooftops following the landfall of Hurricane B. Flights ran through three 24-hour operational periods using two dual-engine, hoist-capable airframes."

Mission/Activation/Callout Narrative:

Mission/Activation/Callout Report #2

Incident Name: _____

Mission Dates: From _____ to _____ - OR -

Total Days or Operational Periods: _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County:_____   State: _____

Sponsoring or Tasking Agency: _____

Mission/Activation/Callout Activation Type:

☐ Local Mutual Aid   ☐ Regional (Intrastate)   ☐ State Activation (SERT/FDEM)
☐ Federal

Typing Level at Time of Mission/Activation/Callout:

☐ Type V   ☐ Type IV   ☐ Type III   ☐ Type II   ☐ Type I   ☐ NA

Mission/Activation/Callout Metrics

Total Team Members Deployed: _____

Disciplines Represented (Check all that applied):

☐ Search   ☐ Rescue   ☐ Maritime   ☐ Special Operations
☐ Hoist   ☐ Other: _____

What is your agency's maximum allowable continuous flight time?

☐ 6 hrs.   ☐ 8 hrs.   ☐ 10 hours

What is your agency's maximum allowable continuous flight time under an Executive Order?

☐ 10 hrs.   ☐ 12 hrs.   ☐ 14 hours

Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team's core Rotary Wing Response Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team's actual performance and readiness in a mission environment consistent with its typing.

Example:

"In September 2025, we were activated to assist the rescue of disaster survivors stuck on rooftops following the landfall of Hurricane B. Flights ran through three 24-hour operational periods using two dual-engine, hoist-capable airframes."

Mission/Activation/Callout Narrative:

Mission/Activation/Callout Report #3

Incident Name: _____

Mission Dates: From _____ to _____ - OR -

Total Days or Operational Periods: _____

Team Leader Name: _____

Jurisdiction or Region Supported:

City/County:_____   State: _____

Sponsoring or Tasking Agency: _____

Mission/Activation/Callout Activation Type:

☐ Local Mutual Aid   ☐ Regional (Intrastate)   ☐ State Activation (SERT/FDEM)
☐ Federal

Typing Level at Time of Mission/Activation/Callout:

☐ Type V   ☐ Type IV   ☐ Type III   ☐ Type II   ☐ Type I   ☐ NA

Mission/Activation/Callout Metrics

Total Team Members Deployed: _____

Disciplines Represented (Check all that applied):

☐ Search   ☐ Rescue   ☐ Maritime   ☐ Special Operations
☐ Hoist   ☐ Other: _____

What is your agency's maximum allowable continuous flight time?

☐ 6 hrs.   ☐ 8 hrs.   ☐ 10 hours

What is your agency's maximum allowable continuous flight time under an Executive Order?

☐ 10 hrs.   ☐ 12 hrs.   ☐ 14 hours

Executive Summary (Suggested 3–6 sentences)

Summarize the deployment, clearly highlighting the team's core Rotary Wing Response Team functions, interagency coordination, ICS structure participation, and any significant outcomes. This should reflect the team's actual performance and readiness in a mission environment consistent with its typing.

Example:

"In September 2025, we were activated to assist the rescue of disaster survivors stuck on rooftops following the landfall of Hurricane B. Flights ran through three 24-hour operational periods using two dual-engine, hoist-capable airframes."

Mission/Activation/Callout Narrative:

Section 2: Deployment AAR/Improvement Plan

The following table allows teams to self-identify any issues and corrective activities that prepare for better operations in the future. The team should use this table to document any after-action needs or thoughts following recent deployments that would help the team grow.

Issue	Corrective Action	Anticipated Completion Date	Cost (if applicable, NA if not)

Team Narrative (Optional):

Section 3: Administrative Compliance

This section verifies the administrative foundation necessary for your team's deployment readiness, legal authorization, and grant eligibility (if applicable). Strong administrative compliance ensures that the team can be deployed swiftly and legally within the framework of mutual aid systems, while also maintaining alignment with ICS/NIMS standards and risk management practices.

All information should be supported by up-to-date documentation (See Section 1 for examples) and should reflect the team's current organizational status. During the scheduled assessment, teams should be prepared to present supporting information as indicated.

Mutual Aid Agreements / Memorandums of Understanding (MOUs)

Does your team have signed mutual aid agreements or MOUs in place with neighboring jurisdictions, regional partners, or state agencies?

☐ Yes   ☐ No   ☐ In Progress

If yes, list the primary partners with whom agreements are active:

1. _____
2. _____
3. _____

Date of Most Recent MOU Review or Renewal: _____

Insurance Coverage and Legal Readiness

Does the team or sponsoring agency maintain insurance coverage for all its airframes?

☐ Yes   ☐ No   ☐ Unknown

Does the team or sponsoring agency require any specialty insurance coverage for any of its airframes?

☐ Yes   ☐ No   ☐ Unknown

If yes, specify which airframe(s):

Policies and Standard Operating Procedures (SOPs)

Does the team maintain written policies or SOPs related to the following items located in the table below? Space is provided to the Team to write in other examples that meet the item located in the table.

Area	Yes	No	In Progress
Program Governance and Succession Plan	☐	☐	☐
Credentialing, Identification, and Personnel Management	☐	☐	☐
Training, PTB (where applicable), and Exercise Management Plan	☐	☐	☐
Deployment Operations Plan	☐	☐	☐
Mobilization Plan	☐	☐	☐
Cache and Equipment Readiness Plan	☐	☐	☐
Finance and Grant Compliance Plan	☐	☐	☐
Communications and Technology Plan	☐	☐	☐
Records, Data, and Public Information Management	☐	☐	☐
After-Action Review and Improvement Planning SOP	☐	☐	☐
Self-Assessment and Capability Evaluation Plan	☐	☐	☐
Continuity and Concept of Operations Plan	☐	☐	☐

Mutual Aid and Stakeholder Coordination Plan	☐	☐	☐
Annual Program Reporting Framework	☐	☐	☐
Hoist Currency Requirements	☐	☐	☐
Any other SOPs and SOGs of the Aviation Unit not listed here	☐	☐	☐
Emergency Response Plan	☐	☐	☐
Safety Management System (SMS) Plan	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Team Narrative (Optional):

Section 4: Personnel

Instructions:

This section is designed to help Rotary Wing Response Teams evaluate their staffing levels against the FEMA/NIMS-typed minimum personnel requirements for Type III through Type I teams. The table provides a structured method to document your team's capabilities and identify gaps or surpluses.

How to Use the Table

Column	Description
Position	Lists nationally recognized RTLT-typed roles required on Helicopter/Rotary Wing Search and Rescue Teams.
Type V/ VI / III / II / I Columns	Indicate the **minimum required personnel** for each team type based on FEMA's RTLT resource typing definitions.
Number of qualified personnel primarily assigned and rostered in this position	Enter the **actual number of individuals** on your current roster who are **assigned and ready** to serve in that position. Individuals must be deployable and not double-counted.

Staffing Strategy and Recommendations

- Teams aiming for reliable deployment coverage should strive for **2 to 3 times the minimum requirement** listed in the table for each position.

- This depth allows for personnel rotations, shift coverage during long operations, leave/vacancy coverage, and backup deployment capabilities.

- For high-demand roles (e.g., SAR Crew Chief), deeper staffing is highly encouraged.

Disclaimer on Double Counting

Important: Each responder may only be counted **once** in the **"Assigned and Rostered "** column, even if they hold multiple certifications or fulfill several roles.

For example, a SAR Technician who is also a qualified SAR Crew Chief should only be recorded once in their **primary assigned role**.

Minimum Totals by Team Type

At the bottom of the table, a **Totals Row** reflects the **minimum required number of personnel** for each Task Force type (Type V through Type I). Use this to quickly confirm if your team meets baseline compliance or needs to build roster strength in specific areas.

Position Title	Type V	Type IV	Type III	Type II	Type I	Number of qualified personnel primarily assigned and rostered in this position
(National Incident Management System (NIMS) Type 1) Helicopter SAR Pilot	1	1	1	1	1	
Flight Observer	1	1	1	1	1	
SAR Technician	NA	1	1	1	1	
Crew Chief	NA	NA	NA	1	1	
EMT	NA	NA	NA	NA	1	
Totals	**2**	**3**	**3**	**4**	**5**	

Team Narrative (Optional):

Section 5: Equipment and Cache Readiness

This section assesses the team's alignment with FEMA's RTLT standards across the core equipment listed within the standard. Self-score each area using the scale below, and be prepared to reference inventory lists, cache photos, or live presentations during the assessment.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team's Assessment. The following Special Conditions are applied by the RTLT standard. Below, if the Type is not listed, then it is not specified by the RTLT standard and should not be considered in your assessment.

Item	Special Condition
Team Member – Pilot	Pilot should have training for NVG use and have a rating to operate in IFR conditions
Team Member – Crew Chief	Crew Chief and Technician should have training for NVG operations
Tem Member – Field Observer	The Flight Observer is not a NIMS-typed support position, and the requester should acquire it locally. The position is not a part of the crew and does not deploy with the aircraft
Team Member – EMT/Medical	Only crew members with certification in accordance with Authority Having Jurisdiction (AHJ) requirements may administer medical care, including BLS
Equipment – Airframe	Recommend for daylight search only unless the aircraft is equipped with a thermal imager, search light, or NVG-certified/capable aircraft for night searches
Team – Type V	1) Search only; 2) Aircraft may be multi- or single-engine; 3) Operates under Visual Flight Rules (VFR); 4) Day operations only
Team – Type VI	Same as Type 5, PLUS: 1) Human cargo dual external hooks or hook and harness/ Backup; 2) One litter or the ability to carry one person flat
Team – Type III	Same as Type 4, PLUS: Access, rescue, and recovery equipment, including: 1) Air rescue litter. 2) Straps, 3) Baskets, 4) Human cargo hoist, 5) Dual external hooks or hook and harness/backup, and 6) BLS level care and equipment
Team – Type II & I	Same as Type 3, PLUS: 1) NVG and 2) IFR equipment
Team – Type I	Same as Type II
Equipment - Communications	Intra-team and inter-team communications should be consistent with the National Interoperability Field Operations Guide (NIFOG)
Equipment - Communications	Consider alternate forms of communication, such as satellite phones, based on the mission assignment and team needs

Equipment – Operations Equipment. Type V: Score: ___
Includes aviation Global Positioning System (GPS) equipped, equipment suitable for day operations, portable basic first aid equipment, gyro-stabilized handheld binoculars and spare batteries

Equipment – Operations Equipment. Type VI: Score: ___
Includes Type V, PLUS:1) rescue capability and 2) ability to transport at least two persons, one of which can be in a litter

Equipment – Operations Equipment. Type III: Score: ___
Same as Type IV

Equipment – Operations Equipment. Type II & I: Score: ___
Include Type III, PLUS: 1) NVG and 2) IFR equipment

Equipment – Hoist, Ambulatory. Type V-I: Score: ___

Equipment – Hoist, Littered. Type V-I: Score: ___

Equipment – Communications. Type V: Score: ___
Includes 1) Two-way handheld radios, 2) Portable radios with ground-to-air capability, 3) Single Very High Frequency (VHF) aviation radio, 4) Programmable VHF/Ultra High Frequency (UHF) P25 Radio for air-to-ground communications, 5) Marine band radio, 6) Electronic direction finder, 7) Mobile phones and waterproof bag; and, 8) Handi-mikes or ear/headsets

Equipment – Communications. Type I: Score: ___
Same as Type II PLUS: dual VHF aviation radios

Equipment – Personal Protective Equipment (PPE): Type V: Score: ___
Includes 1) Aviation Global Positioning System (GPS) equipped, 2) Equipment suitable for day operations, 3) Portable Basic First Aid equipment, 4) Gyro-stabilized handheld binoculars; and, 5) spare batteries. Types VI-I are the same.

Team Narrative (Optional):

Equipment Gap Identification

The following chart allows Team members to identify gaps in equipment needs and forecast costs associated with the need.

Equipment Need Description	Units Needed	Unit Cost	Cost

This space left intentionally blank

Section 6: Operational and Support Capabilities Self-Assessment

Use the scale below to evaluate your team's capability to perform core Rotary Wing Team functions across technical disciplines. Assessors will use these responses, along with documentation and observation, to verify mission readiness. Base your self-assessment on actual equipment, personnel, and validated training.

Scoring Key

- 3 – Fully meets standard – mission ready
- 2 – Substantially meets standard – minor gaps
- 1 – Partially meets – major gaps or dependencies
- 0 – Not Capable
- X – Not Applicable (NA)

Teams should use NA if an area being assessed does not apply to their Team's Assessment.

Conduct Search & Rescue Day Operations: Score: ___

Conduct Search & Rescue Night Operations: Score: ___

Perform BLS onboard: Score: ___

Perform ALS onboard: Score: ___

Perform Water Rescue Day: Score: ___

Perform Water Rescue Night: Score: ___

Team Narrative (Optional):

Section 7: Training

This section is to be utilized to review and validate the Team's current and historic training credentials. Use the scale below to evaluate your team's training credentials to assess your mission readiness.

ICS/NIMS Training Compliance

Has the team documented completion of the required ICS/NIMS training for all deployable members?

☐ Yes   ☐ No   ☐ Partial/In Progress

Is there a training matrix, tracker, or internal record that can be provided upon request? If yes, what tool?

☐ Yes   ☐ No   If Yes, what platform_____

Check all levels of ICS/NIMS training tracked across the team:

☐ IS-100   ☐ IS-200   ☐ IS-700   ☐ IS-800
☐ ICS-300   ☐ ICS-400   ☐ Position-Specific (FEMA NIMS 509)
☐ Other (specify): _____

_____

Rotary Wing Team Specific Training Compliance

Has the team documented completion of the required ICS/NIMS training for all deployable members?

☐ Yes   ☐ No   ☐ Partial/In Progress

Is there a training matrix, tracker, or internal record that can be provided upon request? If yes, what tool?

☐ Yes   ☐ No   If Yes, what platform_____

Check all levels of Rotary Wing Team Specific training tracked across the team:

☐ Flight currency   ☐ Hoist currency

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Instructions for the Training Improvement Plan Table

In the chart below, enter your expectations for how much training time by position you are forecasting for each of the positions below for the next thirty-six (36) months. Use the notes column to explain any gaps, upcoming training, or special considerations.

Position Title	Training Goal 36 months	Notes	Cost

Section 8: Exercises Evaluation

This section captures the team's recent operational testing through exercises, focusing on those that were evaluated and resulted in actionable improvement plans. It supports readiness validation for all team types and encourages continuous improvement through After-Action Review (AAR) processes.

Teams should report activities from the past 36 months and be prepared to present documentation if requested during the assessment.

Self-Assessment Metrics

Engagement Type	Count (Past 3 Years)	Evaluated?	AAR/IP Completed?	Notes or Key Lessons Applied
Full-Scale Exercises (FSE)		☐ Y ☐ N	☐ Y ☐ N	
Functional Exercises (FE)		☐ Y ☐ N	☐ Y ☐ N	
Tabletop Exercises (TTX)		☐ Y ☐ N	☐ Y ☐ N	
Drills		☐ Y ☐ N	☐ Y ☐ N	
Seminars		☐ Y ☐ N	☐ Y ☐ N	
Workshops		☐ Y ☐ N	☐ Y ☐ N	
Games		☐ Y ☐ N	☐ Y ☐ N	

Team Narrative (Optional):

Exercise After Action/Improvement Plan Table

The following table allows teams to self-identify any issues and corrective action activities for the team's exercises.

Issue	Corrective Action	Anticipated Completion Date	Cost (if applicable)

Section 9: Supplemental Information

This section provides an opportunity for the team to highlight additional capabilities, cost factors, and surge resources not captured elsewhere in the assessment. It supports strategic planning, funding justification, and deployment readiness documentation for local, state, or federal missions.

Please complete each subsection below. Supporting materials may be attached or referenced.

Recommended for the Presentation at Assessment Session

- ✓ Capability letters or team highlight one-pagers
- ✓ Cost estimate worksheet or assumptions summary
- ✓ Copies of MRPs (if developed)
- ✓ Photos or short summaries of surge assets
- ✓ Supporting MOUs or specialty team agreements

Unique Capabilities or Surge Resources
Describe any specialized assets, personnel, or configurations that extend beyond standard FEMA's RTLT typing or give your team added mission flexibility.
Examples include deployable assets to defeat a CBRNE device.

Estimated Daily Deployment Cost
Provide the estimated average cost to deploy and sustain the team per day. This estimate may include personnel, lodging, meals, equipment use, vehicle costs, contracted services, and support trailers.

Airframe (*Insert Type*)	Cost Type	Cost
	Hourly	
	Daily	
	Monthly	

Airframe (Insert Type)	Cost Type	Cost
	Hourly	
	Daily	
	Monthly	

Airframe (Insert Type)	Cost Type	Cost
	Hourly	
	Daily	
	Monthly	

Team Narrative (Optional):

Section 10: Improvement Plan Roll-Up

The assessed team should roll up any noted items in Sections 2, 5, 7, 8, and any associated costs for review.

Section	Issue/Gap/Shortfall	Corrective Action	Anticipated Completion Date	Cost

Section 11: Certification Statement

This section must be completed by the Agency Administrator, Chief Pilot, Director of Aviation, or Program Manager. The purpose of this statement is to affirm the accuracy and completeness of the responses provided throughout the assessment.

The certification reflects that the team has conducted a fair and honest review of its capabilities, readiness, and administrative standing, and that the information submitted may be used by oversight authorities to support planning, funding, or mutual aid coordination.

Recommended for the Presentation at Assessment Session

✓ Signed certification statement on agency letterhead (digital or printed)

✓ Original may be submitted as a scanned PDF or attached to the assessment package

✓ Authorized signatory must be a designated Agency Administrator, Chief Pilot, Director of Aviation, or Program Manager

Certification Statement

I hereby certify that the information provided in this assessment is accurate to the best of my knowledge and reflects the current operational status of the team identified herein. I acknowledge that this self-assessment will be used as part of a formal review process and may be referenced during planning, coordination, and deployment activities.

Team Name: _____

Sponsoring Agency: _____

Name of Certifying Official: _____

Title: _____

Phone: _____   Email: _____

Signature: _____

Date: _____