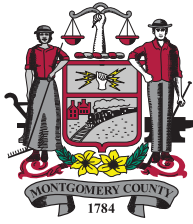


**MONTGOMERY COUNTY  
BOARD OF COMMISSIONERS**

JOSHUA D. SHAPIRO, CHAIR  
VALERIE A. ARKOOSH, MD, MPH, VICE CHAIR  
BRUCE L. CASTOR, JR., COMMISSIONER



**DEPARTMENT OF PUBLIC SAFETY**

MONTGOMERY COUNTY E.O.C. • 50 EAGLEVILLE ROAD  
NORRISTOWN, PA 19403  
610-631-6500

FAX: 610-631-6536  
WWW.DPS.MONTCOPA.ORG

THOMAS M. SULLIVAN  
DIRECTOR

Congratulations on your recent appointment as Emergency Management Coordinator. To receive your official appointment from the Governor's Office, the following application packet must be completed:

- PEMA Municipal EMC Nomination Form
- Montgomery County Municipal Coordinators Info Form
- Pennsylvania State Police Background Check – Can be completed online at <https://epatch.state.pa.us/Home.jsp> and results attached to this document.
- A letter from the municipal governing body stating your appointment as Emergency Management Coordinator.
- A copy of the meeting minutes showing your appointment as Emergency Management Coordinator.

When this application packet has been completed, please forward it to the Montgomery County Department of Public Safety, Office of Emergency Management for review. The application packet will then be forwarded to the PEMA Eastern Area Office for processing and official appointment by the Governor.

Thank you.

Return to:

Montgomery County  
Department of Public Safety  
Office of Emergency Preparedness  
50 Eagleville Road  
Eagleville, PA 19403

Fax Number: 610-631-6536

# Request for APPOINTMENT OF MUNICIPAL EMERGENCY MANAGEMENT COORDINATOR

## INSTRUCTIONS

1. You must request a Criminal Records Check for all who are recommended for appointment by completing a Pennsylvania State Police Form SP 4-164, "Request for Criminal Record Check". You must then attach the results to this form. Form SP 4-164 is available on the internet at <http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4451&&PageID=458621&level=2&css=L2&mode=2> or you may request a Criminal History Check Online utilizing the PATCH System.
2. Complete Part I (please type or print legibly).
3. Submit original to the COUNTY Emergency Management Coordinator.
4. Retain a copy for your files.

## PART I

### Municipality Information:

**Municipality:** \_\_\_\_\_

### Municipal Office Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City PA State Zip

### Municipal Telephone Number:

( \_\_\_\_ ) \_\_\_\_\_

### Municipal Fax Number:

( \_\_\_\_ ) \_\_\_\_\_

### Previous Municipal Coordinator:

\_\_\_\_\_

### Appointment Date of Previous Coordinator:

\_\_\_\_\_

### Recommended Appointee Information:

**Full Name:** \_\_\_\_\_

### Appointee's Home Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City PA State Zip

### Appointee's Home Telephone Number:

( \_\_\_\_ ) \_\_\_\_\_

### Appointee's Email Address:

\_\_\_\_\_

### Appointee's Date of Birth:

\_\_\_\_\_

### Appointee's Social Security Number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

The above recommendation is of record in the Minute Books of the Municipality and was made with due consideration of the qualifications of the above-recommended citizen and is subject to approval of the County, the Pennsylvania Emergency Management Agency, and the Governor of the Commonwealth of Pennsylvania.

\_\_\_\_\_  
Signature (Secretary/Manager)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## PART II *(to be completed by County Emergency Management Coordinator)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
County

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

|  |
|--|
| <b>Montgomery County<br/>Municipal Coordinators Information Form</b> |
|--|

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|---------------------------|
| <b>Organization Name:</b> |
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| <b>First Name:</b> |
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| <b>Middle Name:</b> |
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| <b>Last Name:</b> |
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| <b>Title:</b> |
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| <b>Address:</b> |
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| <b>City:</b> |
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| <b>State:</b> |
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|                     |
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| <b>Postal Code:</b> |
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| <b>Home Phone:</b> |
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| <b>Pager:</b> |
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| <b>Work Phone:</b> |
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| <b>Ext.</b> |
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| <b>Email:</b> |
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| <b>Cell Phone:</b> |
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| <b>Cell Service Provider:</b> |
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| <b>Fax:</b> |
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| <b>Note:</b> |
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|----------------------|
| <b>EMA Radio ID:</b> |
|----------------------|