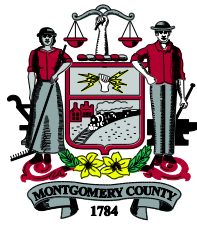


**MONTGOMERY COUNTY
BOARD OF COMMISSIONERS**

VALERIE A. ARKOOSH, MD, MPH, CHAIR
KENNETH E. LAWRENCE, JR., VICE CHAIR
JOSEPH C. GALE, 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:

- Request for APPOINTMENT OF MUNICIPAL EMERGENCY MANAGEMENT COORDINATOR
- Montgomery County Department of Public Safety - Municipal EMC Information 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, Division of Emergency Management for review. Please return the completed packet using **one** of the following methods:

Mail	Montgomery County Department of Public Safety Division of Emergency Management 50 Eagleville Road Eagleville, PA 19403
Email	jwilson@montcopa.org
Fax	610-631-6536

The application packet will then be forwarded to the PEMA Eastern Area Office for processing and official appointment by the Governor. If you have any questions, please contact me at jwilson@montcopa.org or (610) 631-6519.

Thank you,

Jason R. Wilson
Deputy Director of Emergency Management

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)*

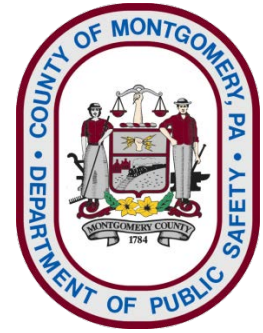
Signature

County

Print Name

Date

Montgomery County
Department of Public Safety
Municipal EMC Information Form



Please fill out all applicable fields. Fields in **BOLD** are required.

Municipality	
---------------------	--

First Name	
Middle Name	
Last Name	

Home Address	
City	
State	Pennsylvania
Zip	

Cell Phone	
Email	
Work Phone	
Home Phone	
Fax	