Central Region
800 MHz Trunked Regional Public Safety Radio System
Standards, Protocols, Procedures

Document Section:	**1 – Management of System**	**Status:** **Final** O&O Approved 11/17/11
Sub-Section:	**CMESB 1.14.0**	
Procedure Title:	Application for Membership or Participation	
Date Established:	2011	**RRB Approval:**
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1. Purpose or Objective

Article II, Section 2, Subdivision 2 of the Central Minnesota Emergency Services Board Joint Powers Agreement provides that "The Board will establish policies and procedures for application for participation in the Board". Article II, Section 2, Subdivision 8 of the Central Minnesota Emergency Services Board Joint Powers Agreement provides that the Board may, upon application and when acting in its' capacity a Regional Radio Board, provide for representatives of Federally recognized Indian tribes to serve as voting members of the Board and its' radio committees. This Standard is intended to meet the Joint Powers Agreement requirements imposed on the Central Minnesota Emergency Services Board for development of policies and procedures and define the process for implementation of provisions providing for membership for counties and cities and for membership when acting as a regional radio board by representatives of Federally recognized Indian tribes.

2. Technical Background:

- **Capabilities: NA**

- **Constraints: NA**

3. Operational Context: Counties and cities located wholly or partially within the boundaries of Central Minnesota ARMER region as defined by the Statewide Radio Board are eligible to apply to participate in the Central Minnesota Emergency Services Board provided they meet the minimum requirements. The Joint Powers Agreement provides at Article II, Section 2, Subdivision 1 that cities and counties must either "commit to participation in regional communications planning activities and has planned, authorized, developed or implemented a local sub-system or integration of dispatch facilities into a cooperative communications system " to be eligible to participate in the Central Minnesota Emergency Services Board. The Joint Powers Agreement provides at Article II, Section 2, Subdivision 8 that " When acting in its' capacity as a regional radio board the Board may provide for representatives of Federally recognized Indian tribes to serve as voting members of the Board when acting in its' capacity as a regional radio board pursuant to Minnesota Statute 403.39 subdivision 1. All Federally recognized Indian tribes so authorized shall meet the following minimum requirements:

a. All Tribal Governments so authorized shall be located wholly or partially within the Central Minnesota ARMER region as defined by the Statewide Radio Board;

b. All Tribal Governments so authorized shall certify a commitment to participation in regional communications planning activities and have planned, authorized, developed or implemented a local sub-system or provided equipment and services intended to provide interoperability with other parties to this Agreement;
c. All Tribal Governments so authorized shall enter into an agreement with the Board specifying the terms of relationship between the parties. The agreement shall provide, at a minimum, for the following:
    a. Certification of Federal recognition for the Indian tribe.
    b. Certification the tribal government meets the requirements for participation by location within the defined region.
    c. Agreement of the tribal government to be bound by the terms and conditions of this Agreement.
d. All Tribal Governments so authorized shall appoint a member of the tribal governing body to serve as a member of the Board when acting in its' capacity as a regional radio board. The tribal governing body may appoint an alternate to the same extent as provided for cities and counties party to the Agreement;
e. All Tribal Governments so authorized shall appoint a representative and alternate meeting the qualifications specified in Article III Section 1 to serve as a voting member of the Regional Advisory Committee;
f. All Tribal Governments so authorized shall appoint up to five representatives meeting the qualifications specified in Article III Section 2 to serve as voting members of the Regional Radio System Users Committee;
g. All Tribal Governments so authorized shall appoint a representative and alternate meeting the qualifications specified in Article III Section 3 to serve as a voting member of the Regional Radio Owners and Operators Committee;
h. The term and appointment process for all representatives of tribal governments authorized to participate shall be similar to the term and appointment process provided for cities and counties party to this Agreement;
i. All Tribal Governments so authorized shall request participation in the Board when acting in its' capacity as a regional radio board by resolution of the governing body."

4. Recommended Protocol/ Standard:

All counties, cities or Federally recognized Indian tribes meeting the requirements of the Joint Powers Agreement desiring to participate in the Central Minnesota Emergency Services Board should apply as specified herein to the Chairperson of the Central Minnesota Emergency Services Board using the application template attached hereto. Applications may be mailed or transmitted electronically to the Chairperson of the Board and the Administrative Agent conducting the administrative affairs of the Board.

5. Recommended Procedure:

These policies and procedures apply to cities, counties and Federally recognized Indian tribes desiring to participate in the Central Minnesota Emergency Services Board.

All applications for participation shall be addressed to the Chair of the Central Minnesota Emergency Services Board in writing with required documentation attached. Upon receipt of the application the Chair may direct the administrative agent of the Board to provide notice and copies of the application to all Board members and the Chairperson of the Regional Advisory

Committee (RAC). The Chair of the Board may request a review by the RAC to ensure compliance with the requirements of the Joint Powers Agreement. The Chair of the Board shall ensure that the application is placed before the Board for action at the next convenient meeting of the Board. The Chair of the Board may, at his/her discretion, request a special meeting of the Board to consider the application. All applications, to be approved, shall be supported by an affirmative vote of at least 51% of the voting members of the Board.

Upon approval of the application by the Emergency Services Board the following actions shall be taken:

1. For counties and cities the governing body of the applicant shall execute a copy of the Joint Powers Agreement by authorized signature conforming to their policies and procedures for approval of such agreements. They shall furnish to the Board an executed copy and all pertinent resolutions of the governing body authorizing such execution. Following completion of the execution of the Joint Powers Agreement applicant shall be entitled and empowered to participate in all meetings of the Board and its' committees.
2. For Federally recognized Indian tribes the governing body of the applicant shall execute an Agreement with the Board specifying the terms of relationship between the parties. The agreement shall provide, at a minimum, for the following:
    a. Certification of Federal recognition for the Indian tribe.
    b. Certification the tribal government meets the requirements for participation by location within the defined region.
    c. Agreement of the tribal government to be bound by the terms and conditions of the Joint Powers Agreement.

    Following completion of the execution of the Agreement applicant shall be entitled and empowered to participate in all meetings of the Board and its' committees when acting in its' capacity as a Regional Radio Board.

The application shall include at least the following information:

1. Statement identifying applicant.
2. If applicant is an Indian tribe, certification that applicant Indian tribe is Federally recognized. Applicant may include such documentation as they deem appropriate.
3. Certification that applicant is located wholly or partially within the defined boundaries of Central Minnesota ARMER region as defined by the Statewide Radio Board.
4. A statement defining the extent and nature of the applicants conformance to requirements for participation contained in Article II, Section 2, subdivision 1 of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board:
    a. committed to participation in regional communications planning activities and has planned, authorized, developed or implemented a local sub-system or
    b. provided integration of dispatch facilities into a cooperative communications system intended to provide interoperability with other parties to this Agreement
5. Certification by the governing body of the applicant of agreement to the terms and conditions contained in the Joint Powers Agreement governing the Central Minnesota Emergency Services Board (may be by resolution of the governing body approving the terms and conditions of the Joint Powers Agreement).

6. List of the following appointments representing the applicant including contact information appropriate to provide sufficient opportunity for effective notification:
    a. Representative and alternate from the governing body of the applicant selected to serve on the Emergency Services Board;
    b. Representative and alternate to serve on the Regional Advisory Committee meeting the minimum requirements of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board;
    c. At least one and not more than five representatives to serve on the User Committee meeting the minimum requirements of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board;
    d. Representative and alternate to serve on the Owners and Operators Committee meeting the minimum requirements of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board.
    e. For cities and counties qualifying for membership appointment of a representative and alternate to serve on the Emergency Management Advisory Committee meeting the minimum requirements of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board.
7. Contact information for the applicant governing body and an administrative contact.

Such other information applicant deems essential or beneficial to the Boards consideration of applicants' request.

6. Management

The Chairperson of the Central Minnesota Emergency Services Board is responsible for supervising the requirements of this policy. The Administrative Agent of the Central Minnesota Emergency Services Board is responsible for the application and management of this policy and the retention of all documents and records generated as a result thereof.

Central Minnesota Emergency Services Board

Application for Participation

Organization Name: _____

Organization Mailing Address: _____

_____

Administrative Contact:

Name: _____

Title/Position: _____

Address: _____

_____

Telephone: _____

Email: _____

Governing Body Contact:

Name: _____

Address: _____

_____

Telephone: _____

Email: _____

By authorized signature herein the applicant organization certifies the following to be true and correct:

Organization is a: County Government ☐ City Government ☐

Organization is located wholly or partially within HSEM Region 4 or Sherburne County;

Organization is committed to participation in regional communications planning activities and has planned, authorized, developed or implemented a local sub-system or has integrated dispatch facilities into a cooperative communications system intended to provide interoperability with other parties to this Agreement;

Organization has reviewed the Joint Powers Agreement governing the Central Minnesota Emergency Services Board and agrees to the terms and conditions contained in the Agreement.

(Applicant may attach documentation as desired to support certifications)

Required Attachments:

a. Executed resolution by governing body authorizing application for participation in the Central Minnesota Emergency Services Board;
b. Listings of proposed appointments meeting the requirements of the Joint Powers Agreement for the following:
    a. Representative and alternate to serve on the Emergency Services Board;
    b. Representative and alternate to serve on the Regional Advisory Committee (RAC);
    c. At least one and not more than five representatives to serve on the Users Committee;
    d. Representative and alternate to serve on the Owners and Operators Committee.
    e. Representative and alternate to serve on the Emergency Management Advisory Committee.
c. Other information applicant desires to communicate regarding application.

Authorized Signature

Signed: _____

Print Name: _____

Title/Position: _____

Date: _____

Central Minnesota Emergency Services Board

Application for Participation When Functioning

As a Regional Radio Board

Organization Name: _____

Organization Mailing Address: _____

_____

Administrative Contact:

Name: _____

Title/Position: _____

Address: _____

_____

Telephone: _____

Email: _____

Governing Body Contact:

Name: _____

Address: _____

_____

Telephone: _____

Email: _____

By authorized signature herein the applicant organization certifies the following to be true and correct:

Organization is a Federally Recognized Indian Tribe

Organization is located wholly or partially within HSEM Region 4 or Sherburne County;

Organization is committed to participation in regional communications planning activities and has planned, authorized, developed or implemented a local sub-system or has integrated dispatch facilities into a cooperative communications system intended to provide interoperability with other parties to this Agreement;

Organization has reviewed the Joint Powers Agreement governing the Central Minnesota Emergency Services Board and agrees to the terms and conditions contained in the Agreement.

Organization desires to participate in the Central Minnesota Emergency Services Board when functioning as a Regional Radio Board.

(Applicant may attach documentation as desired to support certifications)

Required Attachments:

a. Executed resolution by governing body authorizing application for participation in the Central Minnesota Emergency Services Board when functioning as a regional radio board;
b. Listings of proposed appointments meeting the requirements of the Joint Powers Agreement for the following:
    a. Representative and alternate to serve on the Emergency Services Board when functioning as a regional radio board;
    b. Representative and alternate to serve on the Regional Advisory Committee (RAC);
    c. At least one and not more than five representatives to serve on the Users Committee;
    d. Representative and alternate to serve on the Owners and Operators Committee.
c. Other information applicant desires to communicate regarding application.

Authorized Signature

Signed: _____

Print Name: _____

Title/Position: _____

Date: _____

Resolution Number_____

A Resolution Authorizing Application for Membership by a City or County in the Central Minnesota Emergency Services Board

WHEREAS, <Name of Organization> has a need to provide for interoperable communications to enhance and provide for public safety and health operations; and

WHEREAS, the Central Minnesota Emergency Services Board, a Minnesota Joint Powers entity, is engaged in providing interoperable public safety communications throughout Central Minnesota; and

WHEREAS, <Name of Organization> is committed to participation in regional communications planning activities and has planned, authorized, developed or implemented a local sub-system or has integrated dispatch facilities into a cooperative communications system to provide interoperability with parties to the Agreement forming the Central Minnesota Emergency Services Board; and

WHEREAS, <Name of Organization> has reviewed the Agreement forming the Central Minnesota Emergency Services Board and desires to participate as a member of this Agreement; and

WHEREAS, <Name of Organization> is eligible to apply to participate in the Central Minnesota Emergency Services Board, a Minnesota Joint Powers entity; now therefore be it

RESOLVED, that <Name of Organization> hereby authorizes the <Name/title of authorized representative> to submit the required application for membership in the Central Minnesota Emergency Services Board.

READ AND PASSED this _____ day of _____, 201_.

By: _____ Date: _____

I hereby certify that Resolution _____ is true and correct and duly adopted by the _____.

By: _____ Date: _____

Resolution Number_____

A Resolution Authorizing Application for Membership by a Federally Recognized Indian Tribe in the Central Minnesota Emergency Services Board when Functioning as a Regional Radio Board

WHEREAS, <Name of Organization> has a need to provide for interoperable communications to enhance and provide for public safety and health operations; and

WHEREAS, the Central Minnesota Emergency Services Board, a Minnesota Joint Powers entity, is engaged in providing interoperable public safety communications throughout Central Minnesota when functioning as a regional radio board; and

WHEREAS, <Name of Organization> is a Federally recognized Indian tribe that meets the criteria for participation in the Central Minnesota Emergency Services Board when functioning as a regional radio board; and

WHEREAS, <Name of Organization> is committed to participation in regional communications planning activities and has planned, authorized, developed or implemented a local sub-system or has integrated dispatch facilities into a cooperative communications system to provide interoperability with parties to the Agreement forming the Central Minnesota Emergency Services Board; and

WHEREAS, <Name of Organization> has reviewed the Agreement forming the Central Minnesota Emergency Services Board and desires to participate as a member of the Board when functioning as a regional radio board; and

WHEREAS, <Name of Organization> is eligible to apply to participate in the Central Minnesota Emergency Services Board, a Minnesota Joint Powers entity, when functioning as a regional radio board; now therefore be it

RESOLVED, that <Name of Organization> hereby authorizes the <Name/title of authorized representative> to submit the required application for membership in the Central Minnesota Emergency Services Board when functioning as a regional radio board.

READ AND PASSED this _____ day of _____, 201_.

By: _____ Date: _____

I hereby certify that Resolution _____ is true and correct and duly adopted by the _____.

By: _____ Date: _____

Resolution Number_____

A Resolution Approving an Agreement for Membership in the Central Minnesota Emergency Services Board by a City or County

WHEREAS, <Name of Organization> has a need to provide for interoperable communications to enhance and provide for public safety and health operations; and

WHEREAS, the Central Minnesota Emergency Services Board, a Minnesota Joint Powers entity, is engaged in providing interoperable public safety communications throughout Central Minnesota; and

WHEREAS, <Name of Organization> has reviewed the Agreement forming the Central Minnesota Emergency Services Board and desires to participate as a member of this Agreement; and

WHEREAS, <Name of Organization> has applied for and been approved for membership in the Central Minnesota Emergency Services Board; Now Therefore Be It

RESOLVED, that <Name of Organization> approves and agrees to the Terms and Conditions of the Agreement forming the Central Minnesota Emergency Services Board; and be it further

RESOLVED, that <Name of Organization> hereby authorizes the <Name/title of authorized representative> to execute the Agreement for membership in the Central Minnesota Emergency Services Board.

READ AND PASSED this _____ day of _____, 201_.

By: _____ Date: _____

I hereby certify that Resolution _____ is true and correct and duly adopted by the _____.

By: _____ Date: _____

Resolution Number_____

A Resolution Approving an Agreement for Membership in the Central Minnesota Emergency Services Board by

A Federally Recognized Indian Tribe

WHEREAS, <Name of Organization> has a need to provide for interoperable communications to enhance and provide for public safety and health operations; and

WHEREAS, the Central Minnesota Emergency Services Board, a Minnesota Joint Powers entity, is engaged in providing interoperable public safety communications throughout Central Minnesota when functioning as a regional radio board; and

WHEREAS, <Name of Organization> has reviewed the Agreement forming the Central Minnesota Emergency Services Board and desires to participate as a member of the Board when functioning as a regional radio board; and

WHEREAS, <Name of Organization> has applied for and been approved for membership in the Central Minnesota Emergency Services Board when functioning as a regional radio board; Now Therefore Be It

RESOLVED, that <Name of Organization> approves and agrees to the Terms and Conditions of the Agreement forming the Central Minnesota Emergency Services Board; and be it further

RESOLVED, that <Name of Organization> hereby authorizes the <Name/title of authorized representative> to execute an Agreement for membership in the Central Minnesota Emergency Services Board when functioning as a regional radio board.

READ AND PASSED this _____ day of _____, 201_.

By: _____ Date: _____

I hereby certify that Resolution _____ is true and correct and duly adopted by the _____.

By: _____ Date: _____

Central Minnesota Emergency Services Board
Appointment to Regional Radio Board

The following appointments have been made by the governing body of _____ in accordance with the terms of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide authorized representation to serve a term commencing _____ on the Central Minnesota Emergency Services Board representing _____, a member of the Central Minnesota Emergency Services Board:

Central Minnesota Emergency Services Board:

Representative:	**Alternate:**
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Email	Email
_____	_____
Phone	Phone

I certify the appointments herein listed have been approved by the governing body of _____, a member of the Central Minnesota Emergency Services Board, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Regional Advisory Committee

The following appointments have been administratively made in accordance with the terms of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide authorized representation to serve a term commencing _____ on the Central Minnesota Emergency Services Regional Advisory Committee representing _____, a member of the Central Minnesota Emergency Services Board:

Central Minnesota Emergency Services Regional Advisory Committee:

Representative:	**Alternate:**
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Email	Email
_____	_____
Phone	Phone

I certify the appointments herein listed are in conformance with the administrative appointment policies of _____, a member of the Central Minnesota Emergency Services Board, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Owners and Operators Committee

The following appointments have been administratively made in accordance with the terms of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide authorized representation to serve a term commencing _____ on the Central Minnesota Owners and Operators Committee representing _____, a member of the Central Minnesota Emergency Services Board:

Central Minnesota Owners and Operators Committee:

Representative:	**Alternate:**
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Email	Email
_____	_____
Phone	Phone

I certify the appointments herein listed are in conformance with the administrative appointment policies of _____, a member of the Central Minnesota Emergency Services Board, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Users Committee

The following appointments have been administratively made in accordance with the terms of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide to provide at least one and not more than five authorized representatives to serve a term commencing _____ on the Central Minnesota Users Committee representing _____, a member of the Central Minnesota Emergency Services Board:

Central Minnesota User Committee:

Representative #1:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Representative #2:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Central Minnesota Emergency Services Board User Committee Appointments continued:

Representative #3:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Representative #4:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Representative #5:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Central Minnesota Emergency Services Board User Committee Appointments continued:

I certify the appointments herein listed are in conformance with the administrative appointment policies of _____, a member of the Central Minnesota Emergency Services Board, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Emergency Management Advisory Committee

The following appointments have been administratively made in accordance with the terms of the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide authorized representation to serve a term commencing _____ on the Central Minnesota Emergency Management Advisory Committee representing _____, a member of the Central Minnesota Emergency Services Board:

Central Minnesota Emergency Management Advisory Committee:

Representative:	**Alternate:**
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Email	Email
_____	_____
Phone	Phone

I certify the appointments herein listed are in conformance with the administrative appointment policies of _____, a member of the Central Minnesota Emergency Services Board, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Regional Radio Board

The following appointments have been made by the governing body of _____ in accordance with the terms of an Agreement and the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide authorized representation to serve a term commencing _____ on the Central Minnesota Emergency Services Board when functioning as a Regional Radio Board representing _____:

Central Minnesota Emergency Services Board:

Representative:	**Alternate:**
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Email	Email
_____	_____
Phone	Phone

I certify the appointments herein listed have been approved by the governing body of _____, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Regional Advisory Committee

The following appointments have been administratively made in accordance with the terms of an Agreement and the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide authorized representation to serve a term commencing _____ on the Central Minnesota Emergency Services Regional Advisory Committee representing _____:

Central Minnesota Emergency Services Regional Advisory Committee:

Representative:	**Alternate:**
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Email	Email
_____	_____
Phone	Phone

I certify the appointments herein listed are in conformance with the administrative appointment policies of _____, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Owners and Operators Committee

The following appointments have been administratively made in accordance with the terms of an Agreement and the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide authorized representation to serve a term commencing _____ on the Central Minnesota Owners and Operators Committee representing _____:

Central Minnesota Owners and Operators Committee:

Representative:	**Alternate:**
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Email	Email
_____	_____
Phone	Phone

I certify the appointments herein listed are in conformance with the administrative appointment policies of _____, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____

Central Minnesota Emergency Services Board
Appointment to Users Committee

The following appointments have been administratively made in accordance with the terms of an Agreement and the Joint Powers Agreement governing the Central Minnesota Emergency Services Board to provide to provide at least one and not more than five authorized representatives to serve a term commencing _____ on the Central Minnesota Users Committee representing _____:

Central Minnesota User Committee:

Representative #1:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Representative #2:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Central Minnesota Emergency Services Board User Committee Appointments continued:

Representative #3:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Representative #4:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Representative #5:

_____
Name

_____
Title

_____
Address

_____
City/State/Zip

_____
Email

_____
Phone

_____
Agency/Discipline/Public Safety Function

Central Minnesota Emergency Services Board User Committee Appointments continued:

I certify the appointments herein listed are in conformance with the administrative appointment policies of _____, this _____ day of _____, 201__.

Signed: _____

Title: _____

Printed Name: _____