California
Incident Command
Certification System

Qualification Card

NAME	
DEPARTMENT/AGENCY	MEETS HOME AGENCY FITNESS STANDARDS ☐YES ☐NO ☐N/A

QUALIFIED POSITION(S)

TRAINEE POSITION(S)

FIRE CHIEF	
SIGNATURE	DATE

EXPERIENCE

DATE YR/MO	INCIDENT NAME / NUMBER	MGMT. LEVEL	JOB CODE	OP PERIODS	STATE	FUEL TYPE	SIZE CLASS