

[PLACE ON DEPARTMENT LETTERHEAD]

[Date]

To Whom It May Concern:

It is the intent of [Team Name] to submit this application for review for validation by the Michigan Mutual Aid Box Alarm System (MIMABAS). As per the Michigan Mutual Aid Box Alarm policy for Special Operations Team Validation, we are submitting the following information and certification as requested below.

Our Special Operations [Team/Company] will be operating at the following: [CHECK THE FOLLOWING THAT APPLY]

- | | | |
|---|--|---|
| <input type="checkbox"/> Hazardous Materials Type I | <input type="checkbox"/> Trench Rescue | __ OPS __ TECH |
| <input type="checkbox"/> Hazardous Materials Type II | <input type="checkbox"/> Structural Collapse | __ OPS __ TECH |
| <input type="checkbox"/> Hazardous Materials Type III | <input type="checkbox"/> Water Rescue - Ice | |
| <input type="checkbox"/> Rope Rescue | __ OPS __ TECH | <input type="checkbox"/> Water Rescue - Surface/Flood |
| <input type="checkbox"/> Confined Space Rescue | __ OPS __ TECH | <input type="checkbox"/> Water Rescue – Swift |

We are also attaching the following documents to this cover letter: [PLEASE CHECK BOXES BEFORE SUBMISSION]

- Copy of Inter-Agency Agreement (If more than 1 agency participating)
- Copy of 2-deep Roster of personnel, level of training (Tech/Ops), and team position
- Copy of Team/Leadership Contacts (Primary/Alternate) with mailing address,
- Copy of Credit/debit, fuel card, petty cash, etc. purchase policy for use during deployment
- Copy of Mobilization Plan
- Copy of Activation Plan
- Copy of Communication Plan
- Copy of Response operating policies, procedures and/or guidelines
- Copy of Accountability policy
- Copy of Equipment Inventory (type/quantity/use)
- Copy of Equipment management policy
- Copy of Equipment testing policies (Hydrostatic, suit, air monitoring, annual fit testing, etc.)
- Copy of Team Contact Form
- I certify that all personnel on the attached roster are operational ready and meet all training/professional standards to fill their position as a member of our response team.
- I certify this information to the best of my knowledge to be true and accurate.

[Name], [Title]

[Phone]

[Email]