



INCIDENT QUALIFICATIONS AND CERTIFICATION SYSTEM

# NEW RESPONDER

**PREVIOUS INCIDENT QUALIFICATION CARD**

**RESPONDER MAY BE IN IQCS OR THEIR IQS FILE CAN BE UPLOADED.**

Federal employment, include IQCS Empl ID

State/local employment. IQS Account Managers contact information

Fill this block out if information is available.

Name

Phone Number

Email Address

**RESPONDER INFORMATION**

**Legal Name**

First

Middle

Last

Suffix

Business Email Address

Business Phone Number

Business Address

Birth Month

Birth Day

Jetport

**WORK LOCATION**

Agency

Organization Code

Organization Name

Unit ID

Account Manager

Certifying Official

Training Officer

Alternate Training Officer

Administrative Location Name

Duty Station Location Name

Dispatch Name and Unit ID

**JOB INFORMATION**

**Employment Kind**

Career

Career-seasonal

Casual Hire

Temporary

**USFS ONLY**

IFMP Information: Effective Date

Position

Job Task

EmpowHR ID

**OTHER INFORMATION**

**RESPONDER ADDED TO IQCS**

Entered by

Date

IQCS EmplID

Integrated