North Carolina Building Inspectors Association

D.A.R.T.
DISASTER ASSISTANCE RESPONSE TEAM

Section I – Personal Information			
Name:		**Date:**	
Title:		**Employer:**	
Telephone #	**Office:**	**Home:**	**Cell:**
Email Address:			
Street Address:			
City:	**State:**		**Zip:**
Emergency contact name:		**phone #:**	**Relationship:**
Jurisdictions primary point of contact **(person authorized to activate team members once mission # is released)**			
Name:	**Title:**	**Contact #:**	
Work Experience:			
Inspection Certificate Levels			
Building:	**Electrical:**		
Mechanical:	**Plumbing:**	**Fire:**	
Other Training/Licenses Held:			

Section II – Agreements

My employing agency will:

- **Allow me the opportunity to participate on an Incident Management Team for an agreed amount as Requested by the appropriate State Agency (NC Emergency Management).**
- **Will provide salary, insurance and other fringe benefits for the duration of the Incident Management Assignment. State or Federal reimbursement forms to be submitted after deployment.**
- **Will provide transportation as necessary to and from the assignment area.**
- **Provide transportation and allow me to obtain required training as needed to qualify for DART team membership.**
- **Complete ATC-45 training**
- **Allow me to obtain mandatory FEMA IS100, 200, 700 & 800 current course online certifications at:** https://training.fema.gov/is/crslist.aspx

Jurisdiction Authorized Signature **(Management authorized to send you)**	**Date:**
Applicant's Signature:	**Date:**

The NCBIA will:

- **Provide training.**
- **Ensure inspector is deployed only for agreed amount of time with appropriate mission number.**
- **Forms, documents, placards, etc… as needed for specific event.**

NCBIA-DART Team Area Leader Signature:	**Date**
NCBIA-DART Chairperson Signature:	**Date**

Please send your application to:
Email: **ncbiadart@gmail.com**