



California Incident Command



Certification System *Riverside Operational Area Peer Review Committee*

Date:	
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TO: Fire Chief xxxxxxxxxx
xxxxxx Fire Department

This letter serves as confirmation that a CICCS peer review application was reviewed by the Riverside Operational Area Peer Review Committee for the below named individual and position applied for.

Name:	
Position:	

The individual named, according to the information presented to the committee in the information packet:

- _____ A. Has met the requirements for standard certification, and is awarded certification for the position applied for.
- _____ B. Has not met the requirements for the position applied for. An application check sheet is enclosed explaining the additional documentation necessary for certification.

The applicant's packet is being returned to your Department. It is the responsibility of each Department to maintain employee documentation. The CICCS committee has scanned a digital image of the application packet, this letter, and certificate or application check sheet for our records. Thank you for your participation in the CICCS process.

Chris Cox
Chairman, Riverside Operational Area CICCS Committee