



NCHART - Helicopter Search and Rescue Technician (HSRT) – Phase 1 Application

North Carolina Helicopter Aquatic Rescue Team (NCHART)

Submission Email: NCEM-NCHART@ncdps.gov

Deadline: April 30th, 2026, 1700 hrs.

Section 1: Sponsoring Agency Information

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Agency Head Name & Title: _____

Phone Number: _____

Email Address: _____

Letter of Support Certification:

(Attached memo with agency letterhead certifying support for candidate, including the acknowledgement of:)

1. Training Participation:

- Allow the technician(s) to attend and complete all required training in accordance with the NC SAR System Administration Manual and the NC HART Standard Operating Guidelines.

2. Equipment Management:

- Accept, maintain, and safeguard equipment provided by the State of North Carolina or other sources for use in training, emergency response, or disaster operations.

3. Annual Certification of Good Standing

- Provide an annual agency authorization letter confirming that the technician(s) are in good standing with the agency, in accordance with 14B NCAC 03.0409, and may continue to serve as an NCEM HART Technician.

4. Response and Mobilization

- Respond to requests from **NCEM** to mobilize technicians for State, regional, or local disaster services as needed.

5. Workers' Compensation Coverage

- Provide workers' compensation coverage to sponsored technicians during **training or activations** supporting State, regional, or local requests.

Section 2: Candidate Information

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Current Address:

City _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Current Agency / Department: _____

Current Rank / Position: _____

Section 3: Statutory Eligibility [14B NCAC 03 .0409](#)

- **Candidate/Agency Program Affiliation (Check one):**

- Urban Search and Rescue (USAR)
- Swiftwater Rescue
- Wilderness Search and Rescue
- Mountain Rescue

- **Letter of Support Attached:** Yes No

Section 4: Required Certifications & Licenses

(Attach copies of all applicable certificates. Check all that apply)

Certification	Currently Certified?		Expiration Date	Attach Copy
	Yes	No		
EMT-B	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
Swiftwater Rescue Technician (NFPA 1670/1006)	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
Rope Rescue Technician (NFPA 1670/1006)	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>

Certification	Currently Certified?		Expiration Date	Attach Copy
	Yes	No		
Hazardous Materials Awareness (NFPA 472 / OSHA 1910.120(Q)(6)(ii))	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
NIMS ICS 100	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
NIMS ICS 200	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
NIMS ICS 700	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
NIMS ICS 800	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>

Additional Certifications

(Not Required but encouraged)

Land Search Field Team Member (NC-8100)	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
Swiftwater Rescue Technician Advanced or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
Swiftwater Rescue Boat Operator or Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
NIMS ICS 300	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>
NIMS ICS 400	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>

Section 5: Physical Fitness Requirements

Are you able to conduct the following without any limitations?

- 300 Meter Swim: Yes No
- 15 Minute Tread: Yes No
- 400 Meter Snorkel Swim: Yes No
- 100 Meter Inert Rescue Tow: Yes No
- Free Dive 9' and retrieve and object: Yes No
- Dunker escape: Yes No
- 1 Mile run in under 13 minutes: Yes No

Section 6: Candidate Certification

I certify that the information provided in this application is complete and accurate. I understand that providing false information may result in disqualification.

(Hand Signature Required)

- **Candidate Name:** _____
 - **Candidate Signature:** _____
 - **Date:** _____
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Section 7: Sponsoring Agency Authorization

I hereby certify that the above applicant has been pre-screened and fully meets the requirements set forth in [14B NCAC 03 .0409](#) as well as all additional requirements listed in this application.

I further acknowledge and commit to my agency's support by providing a Letter of Support, as outlined in Section 1 of this application, on an official, certified agency memorandum.

(Hand Signature Required)

- **Agency Head Name:** _____
 - **Agency Head Signature:** _____
 - **Title:** _____
 - **Date:** _____
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Submission Instructions

- Scan and submit this application and all supporting documents to **NCEM-NCHART@ncdps.gov**
- **Deadline:** April 30th, 2026, 1700 hrs.
- Ensure all required certifications and Letter of Support are included; incomplete submissions will not be reviewed
- Ensure your application is neat and legible. Failure to do so may result in the application being returned or dismissed.