

**AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC
TEAM NAME: TASK FORCE 3**

Statement of Understanding and Team Appointment

Administrator
A3/WMDHMRRT, INC

Under the guidelines of
A3/WMDHMRRT, INC,

_____ (Name of Team Member)

_____ (Office Mailing Address)

_____ (City)

Kentucky

_____ (Zip Code)

_____ (Telephone Number)

is appointed a member of the

TASK FORCE 3

in

_____ (name of County)

The above named local responder has read and understands the TASK FORCE 3-SOG's and shall abide by the said documents.

_____ (Signature of Team Member)

_____ (Date of Signature)