

San Diego Operational Area  
CICCS Certification Form

## Helibase Manager Type 1 (6+ Helicopters) (HEB1)

Name:	
Title:	
Department:	
Date:	

### Required Training Courses

- Helicopter Manager (S-372) ***Certificate is attached***
- Annual Fireline Safety Refresher Training (RT-130) ***Certificate is attached or Noted in Chief's Letter***

### Required Experience

- Qualified as a Helibase Manager Type 2 (HEB2) ***Certificate is attached***

***And***

- Successful position performance as a Helibase Manager Type 1 (HEB1) ***PTB complete and attached***

### Physical Fitness Level

- Moderate ***Noted in Chief's Letter***

### Recommended Training Which Supports Development of Knowledge and Skills

N/A

Upon completion of all required training and experience, complete an application packet and submit to the Regional Area CICCS Committee Chair.