

**Request for Permission to Begin the Reentry Process**

Instructor Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_

Type of Certification: (check all that apply):

- State Emergency Services Instructor
- State Emergency Services Instructor Trainer

**Please consider this correspondence as my request for permission to begin the reentry process as a State Emergency Services Instructor. The current three-year period was insufficient time for me to meet the recertification requirements because:**

\_\_\_\_\_  
\_\_\_\_\_

**I understand that I may not begin the reentry process until I receive approval from the MICRB to do so. I also understand that until such time as I have been approved to begin the reentry process, I may not teach or represent myself as a MICRB-certified State Emergency Services Instructor. I am aware that I have three years from the expiration of my certification to meet the requirements for reentry as outlined in COMAR 13B.03.01.03I, and failure to reenter within that period will require me to meet the requirements for Initial Certification.**

I hereby acknowledge that the above instructor failed to renew his/her certification on time, and that this agency will sponsor the instructor in his/her efforts to meet the requirements for reentry as outlined in COMAR 13B.03.01.03I. I also acknowledge that until such time as the instructor has been approved to begin the reentry process, he/she may not teach or represent themselves as a MICRB-certified State Emergency Services Instructor.

Sponsoring Agency: \_\_\_\_\_

Sponsoring Agency Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

**This Form Must Accompany Application for Reentry**