



New IQCS Responder Record

* IRWIN Integration Required Fields

Previous Agency Incident Qualification Organization (if applicable)

Federal Agency and Contact

State/Local Agency and Contact

Responder Information

***Name**

***Primary Phone**

Secondary Phone

Other Phone

***Primary Email**

Other Email

***Birth (MM/DD only)**

***Employment Category**

DOI ECI (DOI Agencies Only)

USFS EmpowHR ID (USFS Agency Only)

Agency Organization

Agency

Agency Organization

***Agency Provider Unit ID**

Mobilization Information

***Dispatch Name and Unit ID**

***Preferred Jetport**

Administrators

Agency Certifying Official

Training Officer

Alternate Training Officer

IQCS Account Manager

IQCS Application Record

Entered By

Date

IRWIN Status