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| --- | --- | --- | --- | --- |
| Name |  | Jurisdiction. |  | Date |
| **Name** |  | **Jurisdiction** |  | **Date of Appointment** |

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| --- | --- | --- | --- | --- | --- | --- |
| Bus. Address |  | City |  | AR |  | Zip |
| **Business Address** |  | **City** |  | **State** |  | **Zip** |

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| --- | --- | --- | --- | --- | --- | --- |
| Mailing Address |  | City |  | AR |  | Zip |
| **Mailing Address** (If different from business address) |  | **City** |  | **State** |  | **Zip** |
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| --- | --- | --- | --- | --- | --- | --- |
| Business |  | Cell |  | Alt. |  | Email |
| **Business Phone** |  | **Cell Phone** |  | **Alt. Phone** |  | **Email** |

In accordance with Arkansas Emergency Services Act of 1973, as amended, (A.C.A. § 12-75-101), I appoint the individual named above as Deputy Emergency Management Coordinator. He/she is authorized and directed to act in that capacity as specified in said Act, and such other guidance that may be promulgated by this jurisdiction, the Arkansas Division of Emergency Management and/or such other duly constituted authorities that govern disasters/emergency, prevention, protection, mitigation, response and recovery within the State of Arkansas. I further acknowledge that eligibility for federal and/or state funding under programs administered or managed by the Arkansas Division of Emergency Management and/or such other duly constituted authority as may govern emergency management within the State of Arkansas.

In accordance with Arkansas Emergency Services Act of 1973, as amended, I hereby administer the following Loyalty Oath; “I Enter Name do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and Constitution of the State of Arkansas, against all enemies, foreign and domestic, that I will bear the true faith and allegiance to the same; that I take this obligation freely, without any mental reservation, or purpose of evasion; and that I will faithfully discharge the duties of the office of Public Safety Officer, upon which I am now about to enter. I do further swear (or affirm) that I do not advocate, nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States or of this state by force or violence; and that during such time as I am a member of the Enter Jurisdiction Name (County/City) Emergency Management organization, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States or of this state by force or violence.”

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| Signature, Emergency Management Coordinator |  | Signature, Deputy Emergency Management Coordinator |

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_

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| Signature, Chief Elected/Appointed Official |

**I acknowledge and confirm the above named Emergency Management Coordinator as eligible to receive such federal and state program support as may be authorized for said jurisdiction.**

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| A.J. Gary, DirectorAR Division of Emergency Management |  | Date |