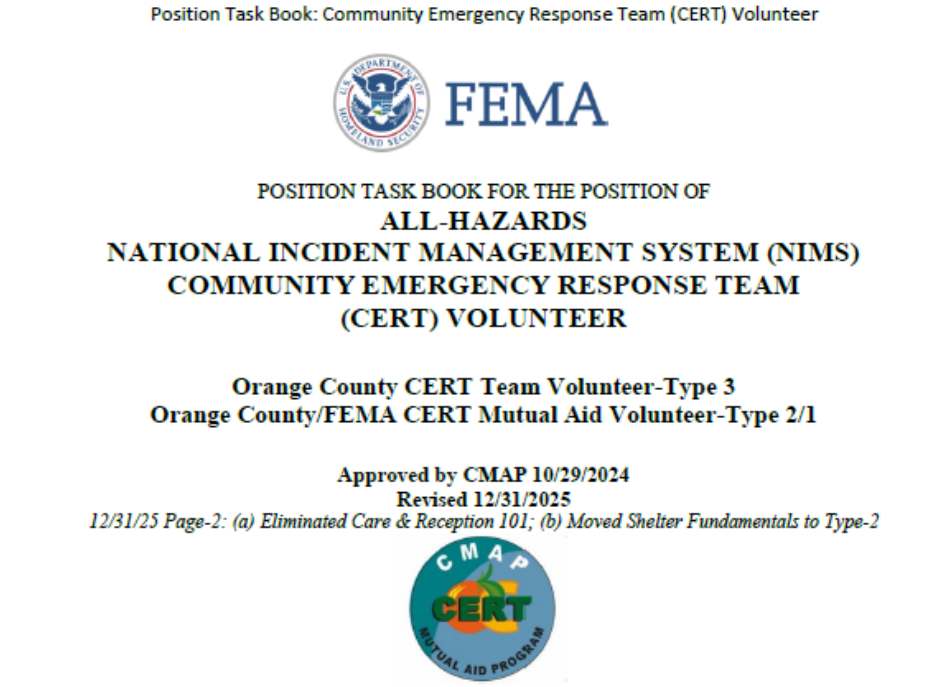
Gary Neshanian


Position Task Book: Community Emergency Response Team (CERT) Volunteer

FEMA

POSITION TASK BOOK FOR THE POSITION OF
ALL-HAZARDS
NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)
COMMUNITY EMERGENCY RESPONSE TEAM
(CERT) VOLUNTEER

Orange County CERT Team Volunteer-Type 3
Orange County/FEMA CERT Mutual Aid Volunteer-Type 2/1

Approved by CMAP 10/29/2024
Revised 12/31/2025
12/31/25 Page-2: (a) Eliminated Care & Reception 101; (b) Moved Shelter Fundamentals to Type-2

NAME: Gary Neshanian	PHONE: 949-584-0487
ORGANIZATION: CERT - Costa Mesa - Orange County - California	

Gary Neshanian – CERT · Volunteer • Costa Mesa · Orange County · CA
CERT (Costa Mesa) 1 & 2 – FEMA (IS100 · IS700) – National (nish@gnish.com)
Costa Mesa – LiveScan · TB Test – Red Cross
FEMA – PTB · CMAP Type 2


CERT
COMMUNITY EMERGENCY RESPONSE TEAM
COSTA MESA
FIRE & RESCUE
CERTIFICATE OF COMPLETION
This Certificate is presented to
Gary Neshanian
for successfully completing the Costa Mesa Fire & Rescue
Community Emergency Response Team
CERT Training Course
DAN STEFANO
Fire Chief
RYAN MEADORS
CERT Program Manager

CERT
COMMUNITY EMERGENCY RESPONSE TEAM

COSTA MESA
FIRE & RESCUE

CERTIFICATE OF COMPLETION

This Certificate is presented to

Gary Neshanian

for successfully completing the Costa Mesa Fire & Rescue
Community Emergency Response Team Academy

JASON PYLE
Fire Chief

RYAN BOHR
Fire Marshal - Assistant Fire Chief

FEMA

NATIONAL DISASTER & EMERGENCY MANAGEMENT UNIVERSITY

This Certificate of Achievement is to acknowledge that

GARY NESHANIAN

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the Independent Study course:

IS-100.c: Introduction to Incident Command System, ICS-100

AUTHORIZED IACET PROVIDER

0.20 IACET CEU

Issued this 13th Day of May, 2025

Jeffrey D. Stern, Ph.D.
Superintendent
National Disaster & Emergency Management University

FEMA

NATIONAL DISASTER & EMERGENCY MANAGEMENT UNIVERSITY

This Certificate of Achievement is to acknowledge that

GARY NESHANIAN

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the Independent Study course:

IS-700.b: An Introduction to the

National Incident Management System

AUTHORIZED IACET PROVIDER

0.40 IACET CEU

Issued this 13th Day of May, 2025

Jeffrey D. Stern, Ph.D.
Superintendent
National Disaster & Emergency Management University

NDEMU Student Portal

IS Course Completion Certificates for GARY NESHANIAN SID: 0009305357

Select the links below to open or download a PDF of your IS Course Completion Certificates.

IS-00100.c: Introduction to Incident Command System, ICS-100
Date Completed: 5/13/2025
CEU: 0.20

IS-00700.b: An Introduction to the National Incident Management System
Date Completed: 5/13/2025
CEU: 0.40

(https://nationalcert.org/)

Search...

About- Join (Https://Www.Nationalcert.Org/Join.Php) Events- CERT Resources- News- Login (Https://Mms.Nationalcert.Org/Members/Mlogin.Php?Org_Id=CERT)

Member List

Main Menu (members.php) (../../help/helpview.php?mid=)

Member Name Search

Name	Home Phone Work Phone	Address	Email Address
Nelkenian, Gary	H: 949-584-0487 W: 949-631-4845	2336 Eider Ave #3 Costa Mesa, CA 92627 United States	nish@gnish.com (mailto:nish@gnish.com)

Contact

PO Box 550
Goleta, CA 93116, US
888-977-1635

Mission

To support and empower trained CERT volunteers in their pursuit of creating resilient communities by providing best

Subscribe to our newsletter

* First Name: First Name

STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

DEPARTMENT OF JUSTICE
PAGE 1 of 4

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0875
ORI (Code assigned by DOJ)

VOLUNTEER
Authorized Applicant Type

CERT VOLUNTEER
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

City of Costa Mesa - Human Resources
Agency Authorized to Receive Criminal Record Information

15928
Mail Code (five-digit code assigned by DOJ)

PO Box 1200
Street Address or P.O. Box

Human Resources
Contact Name (mandatory for all school submissions)

Costa Mesa
City

CA
State

92628-1200
ZIP Code

(714) 754-5350
Contact Telephone Number

Applicant Information:

Neshanian
Last Name

Gary
First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

7/9/1962
Date of Birth

Sex ☒ Male ☐ Female

Driver's License Number

5'10" 190
Height Weight

Blue Blonde
Eye Color Hair Color

Billing Number 151891
(Agency Billing Number)

Los Angeles CA
Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address 2336 Elden Ave #G
Street Address or P.O. Box

Costa Mesa
City

CA
State

92627
ZIP Code

949 584 0487 mrishr@gmail.com

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Gary Neshanian
Applicant Signature

7/16/25
Date

Your Number: Human Resources
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

L LAZARO #N713
Name of Operator

07/16/2025
Date

CMPD
Transmitting Agency

LSID

I19NEG807
ATI Number

0
Amount Collected/Billed

Tb Skin Test

XPRESS URGENT CARE

WALK IN CLINIC

Clients Name:
DOB:
Today's date:

Name: NESHANIAN, GARY
Birthday: 7/9/1962
Visit Date: 07/16/2025 8:37:26 AM

Tb skin test must be read between 48-72 hours after placement. My signature below indicates that I understand the instruction and if I come after 72 hours this test is void and I must pay for another test
SIGNATURE:

If past history of positive PPD please refuse this test and proceed directly to a Chest X-Ray

I certify that I have never had a history of positive PPD tests. SIGNATURE:

DATE PLACED: 7-16-25 TIME: 9:00 (AM)/PM LOT#: TUBERCULIN LOT 3CA08C1 EXP FEBRUARY 2027 NDC 49281-752-98

SITE: RIGHT (LEFT) EXP DATE:

PLACED BY:

DATE READ: 7-18-25 TIME: 9:01 (AM)/PM *MUST BE WITHIN 48-72 HOURS FROM THE DATE PLACED*

INDURATION (IN mm): 0 READ BY:

An induration of **15** or more millimeters is considered **positive** in any person

PPD TEST RESULT: (NEGATIVE) POSITIVE

Xpress Urgent Care
131 E. 17th Street
Costa Mesa, CA 92627
949-548-8400

American Red Cross

This certifies that

Gary Lee Neshanian

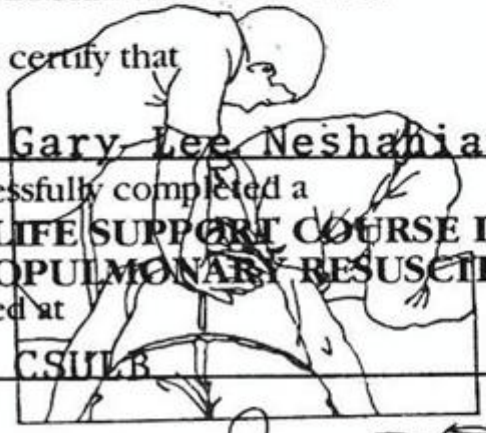
has completed the ADVANCED FIRST AID and EMERGENCY CARE course of instruction

at CSULB

5/25/84 Jerome W. Holland

Date course completed — Chairman, American Red Cross

American Red Cross



This is to certify that

Gary Lee Neshanian

has successfully completed a

BASIC LIFE SUPPORT COURSE IN CARDIOPULMONARY RESUSCITATION

conducted at

CSULB

3/1/84 Jerome W. Holland

Date course completed — *Chairman, American Red Cross*

FEMA

POSITION TASK BOOK FOR THE POSITION OF

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NAME: Gary Neshanian	**PHONE:** 949-584-0487
ORGANIZATION: CERT - Costa Mesa - Orange County - California	
DATE STARTED:	**DATE COMPLETED:**

Notes:
1) This task book belongs to the above-named volunteer.
2) The volunteer is responsible for maintaining the task book, training certificates, and incident documents.
3) The task book completion date must be within five years of the task book start date.
4) A CMAP patch and helmet sticker are issued to volunteers who complete all CMAP training and tasks.

The following individuals have the authority to verify portions of the certification task book using the signature recorded below. Please print legibly except for the signature as needed.

NAME	JOB TITLE	ORGANIZATION	SIGNATURE

Position Task Book (PTB) Evaluation Record Form

TRAINEE NAME: Gary Neshanian
TRAINEE POSITION: **COMMUNITY EMERGENCY RESPONSE TEAM (CERT) VOLUNTEER**
Evaluation Record Number:
Evaluator's name: David Gibson
Incident/Office title and agency: NEWPORT BEACH FIRE DEPARTMENT CERT
Evaluator's home unit address and phone: 100 Civic Center Drive, Newport Beach CA, 92660 949-644-3112
Name and location of incident or simulation/exercise: Newport Beach Fire Station 7
Incident kind: Functional
Number and kind of resources: Type 1 x 14 Type 2 x 40
Evaluation period: 0900-1300
Position type: Type 2 CMAP: ☒ Date Completed: 3/28/2026 ~~Type 1 CMAP: ☑ Date Completed:~~
Recommendation: _____The above-named trainee performed the initialed and dated tasks under my supervision. I recommend the following for this trainee's further development: __X__The trainee has successfully performed all required tasks for the position. The AHJ should consider the individual for certification. _____The trainee could not complete certain tasks or needs additional guidance. See comments below. Not all tasks were evaluated on this assignment. An additional assignment is needed to complete the evaluation. _____The trainee is severely deficient in the performance of tasks and needs further training prior to an additional assignment(s) as a trainee for this position.
Additional recommendations/comments:
Date: 3/28/2026
Evaluator's initials DG
Evaluator's relevant qualification: CERT PROGRAM MANAGER

Gary Neshanian

2336 Elden Ave #G,

Costa Mesa, CA 92627

(949) 584-0487

nish@gnish.com