

Annex G - Canine Search Team Certification Evaluation Handbook

Appendix A: FEMA US&R Canine Evaluator Application

Document Number: 307-A Version: June 26, 2023 Page 1 of 1

(This form must be typed)



Applicant's Personal Information

Date of Application:		Task Force:		LF or HRD:	
Applicant Full Name:					
Address:					
City:		State:		Zip Code:	
Contact Phone:		Email Address:			
Canine Subgroup Chair Approval Date to Begin Shadow Process:					

Prerequisites

A.	<input type="checkbox"/> FEMA Certified Canine Search Team Live Find or HRD for three (3) years
B.	<input type="checkbox"/> OR Search Team Manager for three (3) years

Upon Approval of Application		Date	Location	Date	Location
C.	Applicants must Shadow two (2) FSAs of either type (LF or HRD) with a minimum of 10 dogs.	1.		2.	
		3.		4.	
D.	Shadowed two (2) CE for the appropriate type. LF applicants must Shadow at least 36 teams. HRD applicants must Shadow at least 24 teams.	1.		2.	
		3.		4.	
		5.		6.	
E.	Administered an FSA for the appropriate type				
F.	Complete the Canine Search Specialist ILT course (may be completed prior to approval)				
G.	Enter the Date Applicant Rostered on their Task Force				

I affirm that I have read, understand and will abide by the FEMA/US&R Code of Conduct and understand that violation of said rules and Code of Conduct may result in loss of certifications, loss of evaluator status and/or referral to the appropriate authorities. I further affirm that I understand that abuse of the canine is not permitted at any time.

Applicant Signature:		Date:	
----------------------	--	-------	--

Task Force Approval
The Program Manager/Training Coordinator and Canine Coordinator recommend the applicant for Evaluator and verifies the applicant is a current task force member.

Program Manager/Training Coordinator				Canine Coordinator			
Signature:				Signature:			
Printed Name:				Printed Name:			
Date:		Phone:		Date:		Phone:	
Email:				Email:			