

FEMA National US&R Response System
Appendix C: FEMA US&R Application for Certification Evaluation
 Document Number: 300-01G-C Version: March 11, 2020 Page 1 of 1
 (This form must be typed)



NOTE: Delivery and receipt of this application does not guarantee acceptance. It is the responsibility of the applicant to ensure acceptance or denial of this application.

CE Date:		CE Location:	
Recert: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Prior Attempts:		Date of FSA:
Applicant's Personal Information			
Name:		Task Force:	
Address:			
City:		State:	Zip Code:
Contact Phone:		Email Address:	
Emergency Contact:		Emergency Contact Phone:	
Canine Information			
Name:		Breed:	Type: <input type="checkbox"/> LF <input type="checkbox"/> HRD
DOB:		Date of Rabies Vaccination:	
My canine and I are physically sound and are currently under no restrictions. I understand and accept that the decisions of the evaluators are final. 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:
The above team is in compliance with the FEMA policy on aggression, successfully completed a TF administered FSA and is approved to participate in this evaluation.			
Task Force Approval			
Program Manager/Training Coordinator		Canine Coordinator	
_____ (Signature)		_____ (Signature)	
_____ (Printed Name)		_____ (Printed Name)	
Date:		Date:	
Address: _____ _____		Address: _____ _____	
Email:		Email:	
Phone:		Phone:	