

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



Applicant's Personal Information

| | | |
|----------------------|----------------|------------|
| Date of Application: | Task Force: | LF or HRD: |
| Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Contact Phone: | Email Address: | |

Prerequisites

| | | |
|-------------------------------------|---|--|
| 1. | <input type="checkbox"/> | FEMA Certified Canine Search Team Live Find or HRD for three (3) years |
| 2. | <input type="checkbox"/> | OR Search Team Manager for three (3) years |
| Upon Approval of Application | | |
| | | Date |
| | | Location |
| 3. | Shadowed Two (2) FSA for appropriate type | 1. |
| | | 2. |
| 4. | Shadowed Two (2) CE for appropriate type | 1. |
| | | 2. |
| 5. | Administered an FSA for appropriate type | |
| 6. | CSST (may be completed prior to approval) | |
| 7. | Rostered by FEMA | |

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: _____ | Date: _____ |
| Address: _____ _____ | Address: _____ _____ |
| Email: _____ | Email: _____ |
| Phone: _____ | Phone: _____ |