

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:
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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: _____