

FEMA National US&R Response System
Appendix B: FEMA US&R Lead Evaluator Application
 Document Number: 300-01G-B 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:

Requirements

Six (6) FSA appropriate type			Six (6) CE appropriate type		
	Date	Location		Date	Location
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		

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 Lead 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: