

**FEMA National US&R Response System**  
**Appendix Q: FEMA US&R Application for Qualified Evaluator or Shadow Evaluator**  
 Document Number: 300-01G-Q 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.

FSA / CE Date:		Appropriate Type:		LF	HRD
FSA / CE Location:					
<b>Applicant's Personal Information</b>					
Name:			Task Force:		
Address:					
City:		State:		Zip Code:	
Contact Phone:			Email Address:		
Emergency Contact:			Emergency Contact Phone:		
Applicant Signature:					Date:

**Task Force Approval**

Program Manager/Training Coordinator		Canine Coordinator	
_____ (Signature)		_____ (Signature)	
_____ (Printed Name)		_____ (Printed Name)	
Date: _____		Date: _____	
Address: _____ _____		Address: _____ _____	
Email: _____		Email: _____	
Phone: _____		Phone: _____	