



Utah Task Force 1

6726 Navigator Drive, West Jordan UT 84655 Phone (801) 743-7225

www.uttf1.org

Logistics Information



FEMA Urban Search & Rescue Canine Search Team Certification Evaluation (CSTCE) Live Find (LF) Human Remains Detection (HRD) May 20-21, 2023

Registration:

- All applications must be delivered via email to the Canine Subgroup Chair, Scott Mateyaschuk at scott.mateyaschuk@nypd.org 30 or more days prior to the testing date.
- The Canine Subgroup Chair and UT-TF1 Training Manager will notify applicants of their successful application and their testing date/time.
- The CE Application has been attached to this Logistics Letter for your convenience.

Travel Information:

- Airport – Salt Lake City International (SLC)
- Ground transportation – A rental car is suggested. No Transportation will be provided.

Hotel Accommodations

- TownePlace Suites Salt Lake City-West Valley – 5473 High Market Dr. West Valley City, UT 84120
- Rooms have been reserved at the GSA rate of \$128.00 per room per night (plus applicable taxes). There are a limited number of rooms at this hotel.
- Room reservations must be made by May 1st, 2023. The rooms will be reserved under **Salt Lake Urban Search and Rescue**. The block of rooms can be booked at the referenced Link: [Marriott Reservations](https://www.marriott.com/event-reservations/reservation-link.mi?id=1676066894028&key=GRP&app=resvlink)
- <https://www.marriott.com/event-reservations/reservation-link.mi?id=1676066894028&key=GRP&app=resvlink>

Any questions related to these events should be directed to:
Roger Beckman UT-TF1 Training Manager 435-660-1437.

Annex G – Canine Search Team Certification Evaluation Handbook
Appendix C: FEMA US&R Application for Certification Evaluation
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 (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: LF 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: _____
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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: _____