



Pennsylvania Search & Rescue Council

Team Resource Information

Team Information

Team Name	
Team Mailing Address	
Team Home Coordinates	
Team Email	
Team Business Phone #	
County Activation Phone #	

Delegate Information

Primary Delegate Name	
Primary Delegate Email	
Primary Delegate Phone #	() -
Alternate Delegate Name	
Alternate Delegate Email	
Alternate Delegate Phone #	() -

One Call Dispatch Information

One Call Dispatch Phone #1	() -
One Call Dispatch Phone #2	() -
One Call Dispatch Phone #3	() -

Regional / Response Area Information

PA Home Region (See PSARC By-laws for areas)	<input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Northwestern <input type="checkbox"/> Northeastern
What areas will team respond to? (For One-Call)	<input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Western <input type="checkbox"/> Team will respond outside of PA



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Team Resource Information

Team Resource Information (Select if appropriate and provide available number)

Ground Support

- ☐ SarTech 1 # _____
- ☐ SarTech 2 # _____
- ☐ DCNR Field Team Leader # _____
- ☐ DCNR Field Team Member # _____
- ☐ Trainee (SarTech 3, non-certified personnel, etc.) # _____
- ☐ Other (specify) # _____

Certified K-9 Team

- ☐ Airscent # _____ ☐ Trailing # _____ ☐ HRD# _____ ☐ HRD WATER# _____

Certified Specialty

- ☐ Vertical # _____ ☐ Water # _____ ☐ Cave # _____ ☐ Urban (collapse) # _____

Equipment

- ☐ ATV # _____ ☐ Snowmobile # _____ ☐ Mountain Bikes # _____
- ☐ Air # _____ ☐ Horses # _____ ☐ Other (describe) # _____
- Additional Equipment Info _____

Accreditation Standards – provide only the standard used, such as NASAR, DCNR, PSARC, State Fire Academy, etc. Numbers of certified teams are in field above.

Personnel

Ground Support _____

Ground Support Leader _____

Command Staff _____

K9 Airscent _____

K9 Trailing _____

K9 Human Remains _____

K9 HRD - Water _____

Specialty (describe) _____



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Team Resource Information

Radio Capabilities

Radio

Does team have portable radios? Yes No # available _____
• PSARC frequency compatible (155.160/150.775) Yes No
Does your team have a mobile radio? Yes No # available _____
• PSARC frequency compatible (155.160/150.775) Yes No

Please attach a separate sheet with any other important team information or resources available that would benefit other agencies or miscellaneous information relevant to your team.

I attest, with my signature below, that data provided on this form and any attachment is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Team Title: _____

Please submit Resource Sheet annually to the PSARC Secretary:

MelissaParker@LiamSAR.org