



FEMA

**FEMA National US&R Response System
Evaluator Application** (Please Type)

Applicant's Personal Information

Date of Application:		Task Force:	
Name:			
Address:			
City:		State:	Zip Code:
Contact Phone:		Email Address:	

Prerequisites

1.	<input type="checkbox"/> Certified Canine Search Specialist	or	<input type="checkbox"/> Search Team Manager
2.	<input type="checkbox"/> Three Years Experience		

Upon Approval of Application		Date	Location
3.	Shadowed Two FSAs	1.	
		2.	
4.	Shadowed Two CEs	1.	
		2.	
5.	Administered an FSA		
6.	CSST (may be completed prior to approval)		
7.	Rostered by DHS/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.

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