



FEMA

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

Applicant's Personal Information

Date of Application:

Task Force:

Name:

Address:

City:

State:

Zip Code:

Contact Phone:

Email Address:

Requirements

Six FSAs

Six CEs/CPs

	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.

Program Manager/Training Coordinator

Canine Coordinator

(Signature)

(Signature)

(Printed Name)

(Printed Name)

Date:

Date:

Address: _____

Address: _____

Email:

Email:

Phone:

Phone: