

Miami-Dade Fire Rescue

Florida Task Force 1

9300 NW 41st Street
Miami, Florida 33178
(786) 331-4480



DATE: **November 18, 2011**

TO: Task Force Leaders, FEMA US&R National Response System

FROM: **Alan Perry, Program Manager, FL-TF1**

SUBJECT: Canine Search Specialist Certification Evaluation

Florida Task Force 1 will host a Canine Search Specialist Certification Evaluation in Miami, Florida on Feb 18/19, 2012. The following logistical information is supplied to assist in your planning to send candidates from your Task Force. There will be no application fee to participate in this evaluation. Task Forces who send participants will be responsible for supporting their member's travel, lodging and per diem expenses.

The Certification Evaluation is open to candidates who have passed an FSA and are seeking to certify or re-certify as FEMA Canine Search Specialist Teams.

The application for this evaluation is attached.

Please forward the completed application (typed, signed and emailed) to:

Name: Teresa MacPherson
E-mail: tmacusar@yahoo.com

Space is limited to 24 applicants. Due date for applications is **December 30, 2012**.

Receipt of application will be confirmed by email.

Accepted applications will be confirmed by e-mail on **Jan 2, 2012**. If space is available, applications will be accepted after the due day to fill any open spots.

Applicants are expected to attend the Orientation/Safety Briefing the night before each test day.

Meeting will be held on Friday evening, February 18th and Saturday evening, February 19th at 1900 hours at:

Holiday Inn Express (Behind McDonalds)

11520 SW 88th Street

Miami, FL 33176

305-279-8688

www.hiexpress.com/kendalleast

Applicants are expected to attend the Debriefing immediately following the test each day. Debriefing will be held at the Miami-Dade FL-TF1 US&R site.

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Transportation to/from the airport, hotel and evaluation site is the responsibility of the candidate.

Airport *Miami International Airport (MIA)*

Lodging

Hotel Indigo Miami Dadeland
7600 North Kendall Drive
Miami, Florida 33156
1-877-846-3446 K-9 Training
Rate is \$129.00 plus a \$20.00 pet fee

www.hotelindigo.com

Deadline for group room reservations is January 5, 2012

Candidates are expected to provide their own personal protective equipment appropriate for rubble pile entry. **Teams without such equipment will not be allowed to participate in the evaluation.** Portable kennels will also be the responsibility of the candidate.

Questions may be directed to:

Kristian Labrada (Cat), Lieutenant
Canine Specialist
Miami-Dade Fire Rescue FL-TF1
FEMA Urban Search and Rescue
(305) 804-1116
E-mail: canine1@miamidade.gov



FEMA

**DHS/FEMA National US&R Response System
Application for Certification Evaluation/Certification Preparation**

(Please Type)

(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/CP Date:	CE/CP Location:
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Recert: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Prior Attempts:	Date of FSA:
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Has the Team Taken a CP Within the Last 12 Months? Yes No

Applicant's Personal Information

Name:	Task Force:
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Address:

City:	State:	Zip Code:
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Contact Phone:	Email Address:
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Emergency Contact:	Emergency Contact Phone:
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Canine Information

Name:	Breed:
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DOB:	Date of Rabies Vaccination:
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My dog 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 DHS/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 DHS/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: