



FEMA

FEMA National US&R Response System

Application for Certification Evaluation Live Find/Certification Preparation Live Find

(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-LF/CP-LF Date:	CE-LF/CP-LF Location:
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Recert: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Prior Attempts:	Date of FSA-LF:
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Has the Team Taken a CP-LF 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 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: