



FEMA

**FEMA National US&R Response System
Canine Search Team Certification Evaluation-HRD 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"/> FEMA Certified Canine Search Team HRD/LF for three years.
	<input type="checkbox"/> OR Search Team Manager for three years.

Upon Approval of Application		Date	Location
1.	Shadowed Two HRD CE's		
2.	Administered a CE-HRD		
3.	CSST (may be completed prior to approval)		
4.	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: