

DHS/FEMA National US&R Response System Mentor Application (Please Type)

Applicant's Personal Information						
Date of Application:		Task Force:				
Name:						
Address:						
City: State:		Zip	o Code:			
Contact Phone: Email Address:						
Requirements						
Must be either a Certified Handler or Rostered Evaluator						
1. Certified Handler	□ Yes □ No	Date:				
2. Rostered Evaluator	🗆 Yes 🗆 No	Date:				
Other						
1. Lead Evaluator	🗆 Yes 🗆 No	Date:				
2. Search Team Manager	🗆 Yes 🗆 No	Date:				
3. FEMA Rostered Instructor (list disciplines below)	🗆 Yes 🗆 No	Date:				
1.						
2.						
3.						
4.						
5.						
4. Number of Canines Certified (Current and Past):						
5. Number of Years in the FEMA US&R System:						
6. Deployment History (list below)						

6.	6. List Additional Related Experience/Qualifications and/or CV					
References						
	Name	Contact Number		Email Address		
1.						
2.						
3 .	firm that I have read, understand and will shide by		A/US&D Code of Con			
and	firm that I have read, understand and will abide by I Code of Conduct may result in loss of certification I'm that I understand that abuse of the canine is no	ns, loss of eval	uator status and/or re			
Applicant Signature:			Date:			
		Task Forc	e Approval			
The Program Manager/Training Coordinator and Canine Coordinator recommend the applicant as a Mentor.						
Program Manager/Training Coordinator		Canine Coordinator				
(Signature)			(Signature)			
(Printed Name)		(Printed Name)				
Date:		Date:				
Address:		Address:				
Em	nail:		Email:			