



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: