

NATIONAL SEARCH DOG ALLIANCE (NSDA)

PRINCIPAL EVALUATOR APPLICATION for Law Enforcement For Gun Source Residue Testing

This application is solely for those who are currently a Principal Evaluator with a law enforcement organization. Applicants must be a member of NSDA before final approval.

Complete the application form, sign, date and send one (1) copy of the application and one (1) copy of all the required documentation to:

Robin Stanifer, NSDA Evaluations Program Administrator
30 N. French
Sullivan, IN 47882
Questions: e-mail Robin at robin.stanifer@schosp.com

NOTE: To expedite our process, please send only completed application and documentation

PLEASE PRINT OR TYPE APPLICATION

Applicant Information

Name:	Address:		
City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:	
E-Mail(s):	NSDA Member #:		
Discipline:			
Affiliation:			
Agency Address:	City	State	Zip

Required Documentation Check List

1. Completed NSDA Gun Source Residue Principal Evaluator Application for L.E.	
2. Current CPR, First Aid Certification: copy of certificate	
3. ICS 200 (or current version) <i>Basic NIMS ICS for Operational First Responders</i> : copy of certificate	
4. Proof of certification as a K-9 handler with a L.E. agency for a Listed Discipline.* Must have a copy of the certificate, a letter or official documentation.	
5. Resumé outlining experience and proof of a minimum of five (5) years handling a K-9 as a law enforcement handler/trainer in one of the Listed Disciplines*	
6. Record of at least ten (10) documented deployments in one of the listed disciplines*	
7. Record of giving at least five (5) documented evaluations in Listed Disciplines*, including dates and agency.	
8. Proof of Evaluator status with a L.E. agency. Must have proof of Evaluator status in a Listed Discipline*	

*Listed Disciplines: a Law Enforcement K-9 Handler/Trainer for K-9's that perform detection work such as Narcotics, Explosives, Firearms or Human Remains Detection.

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SAR Reference		
Provide the name and address of a LE professional or other independent third party from whom NSDA will be able to obtain a written letter of recommendation for you. A reference from any member of a local SAR Team will not be accepted.		
Name:		
Agency:		
Address:		
City:	State:	Zip:
Work Phone:	E-mail address:	

Acknowledgement
By my signature below, I certify that, to the best of my knowledge, the information provided is true and correct. I understand that false, misleading or incomplete information may lead to the rejection of my application or its revocation. I will become aware of and adhere to state and local laws that cover the geographical areas where I will be testing as they apply to firearms. In addition, I agree to:
1. be listed as an Evaluator on the NSDA website including my contact information.
2. be subject to an Evaluator review every two (2) years.
3. advertise and hold one (1) test every two (2) years in each discipline for which I am a Principal.
4. abide by NSDA Policies and Procedures, knowing that NSDA may retract my appointment to administer evaluations if I am found negligent of following Alliance policies.
5. mentor Apprentice Evaluators.
6. conduct evaluations with the option of a second Evaluator or Apprentice Evaluator.
7. sign a contract with NSDA upon my acceptance as a Principal Evaluator.

NAME (Please PRINT): _____

SIGNATURE: _____ **DATE:** _____