

# NATIONAL SEARCH DOG ALLIANCE (NSDA)

## PRINCIPAL EVALUATOR APPLICATION (page 1 of 2)

**To apply, please complete the application form, sign, date and send with the required documentation.**

**Send one (1) copy only of the entire packet to:**

Bill Hilsman, NSDA Evaluator Administrator

655 Old Jackson Road

McDonough GA 30252

Questions: e-mail Bill at [K9sarhilsman@bellsouth.net](mailto:K9sarhilsman@bellsouth.net)

**PLEASE PRINT OR TYPE APPLICATION**

**DATE SUBMITTED:** \_\_\_\_\_

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

### Applicant Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_ NSDA Member #: \_\_\_\_\_

Discipline(s): Check one or more:   
 Area Search  Avalanche First Responder & Ski Patrol   
 Area w/Live Subject & Large Source   
 Cadaver

Backtracking  Disaster 1<sup>st</sup> Responder Type III Live Find  Disaster 1<sup>st</sup> Responder Type III HRD  Gun Source Residue  Land HRD

Trailing I  Trailing II  Trailing III  Water HRD

Affiliation/Team: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Required Documentation Check List

**Provide one (1) copy of certificates or other required documentation**

- |  |  |
|--|--|
| 1. Completed NSDA Evaluator Application  |  |
| 2. Current NSDA membership card  |  |
| 3. Current CPR Certification, First Aid Certification  |  |
| 4. NIMS IS 200, 700, and 800 or current version  |  |
| 5. Proof of a minimum of five (5) years handling a search and rescue/recovery K-9 in the discipline(s) for which the applicant is applying   |  |
| 6. Résumé outlining experience in K-9 search and rescue  |  |
| 7. Deployment record of at least ten (10) documented missions each in Area, Trailing, Land HRD or one (1) to three (3) documented missions in Avalanche, Disaster or Water HRD to be reviewed by NSDA. |  |
| 8. Proof of certification as a K-9 Handler from an approved certifying organization or agency*. Must have a certificate, a letter or official documentation in each discipline for which applying.     |  |
| 8. For Gun Source Residue ONLY: FBI Background Check within last 5 years OR current CCW: Concealed Carry Weapons Permit  |  |
| 9. Proof of Evaluator status with approved certifying organization or agency*. Must have Evaluator status in each discipline for which applied.  |  |

**\* NSDA approved certifying organizations are IPWDA, NAPWDA, NASAR, NNDDA, FEMA, USAR, Border Patrol or STATE certification. NSDA will consider standards from other organizations on an individual basis. The organization must be recognized by NSDA as an outstanding leader in K-9 training, testing, documentation and professionalism. Submit a copy of the standards and evaluator criteria for the organization to be considered with this application.**

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## PAGE 2 of 2 – Principal Evaluation Application

SAR References		
<b>Provide the name and address of a SAR/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 your local SAR Team will not be accepted.</b>		
Name:		
Agency:		
Address:		
City:	State:	Zip:
Work Phone:	Email:	

Acknowledgement	
<b>By my signature below, I certify that, to the best of my knowledge, the information provided is true and correct. I understand that false or misleading information may lead to the rejection of my application or its revocation. In addition, I agree to:</b>	
1. be listed as an Evaluator on the NSDA website including my contact information.	
2. abide by NSDA Policies and Procedures knowing that NSDA may retract my appointment to assist with evaluations if I am found negligent of following Alliance policies.	
3. submit to a critique of my evaluation process. (More information is available in the Evaluator Guidelines.)	
4. sign a contract with NSDA upon my acceptance as a Principal Evaluator.	
NAME (Please PRINT) _____	
SIGNATURE: _____ DATE _____	