

NATIONAL SEARCH DOG ALLIANCE (NSDA)

REQUEST FOR PRINCIPAL STATUS **

| Applicant Information | | | |
|--|--|---|---|
| Name: | | Date: | |
| Address: | | | |
| City: | | State: | Zip: |
| Home Phone: | Cell Phone: | Work Phone: | |
| E-Mail(s): | | NSDA Member #: | |
| Discipline(s): Check one: ** | | Avalanche First Responder | |
| Area Search <input type="checkbox"/> Area w/Live Subject & Large Source Cadaver <input type="checkbox"/> | | & Ski Patrol <input type="checkbox"/> | |
| Backtracking <input type="checkbox"/> | Disaster 1 st Responder Type III Live Find <input type="checkbox"/> | Disaster 1 st Responder Type III HRD <input type="checkbox"/> | Gun Source Residue <input type="checkbox"/> |
| Trailing I <input type="checkbox"/> | Trailing II <input type="checkbox"/> | Trailing III <input type="checkbox"/> | Land HRD <input type="checkbox"/> Water HRD <input type="checkbox"/> |

Requirements for Upgrade:

1. For EACH discipline for which you are applying, you must assist in the evaluation of at least three (3) tests with two (2) different Principal Evaluators (lines 1–3). One (1) test may be a mock test under one (1) of the two (2) Principal Evaluators. Additionally, for each discipline, in at least one (1) of the three (3) tests, you must completely set up and run the entire test (line 4).
2. You must receive a positive recommendation from two (2) Principal Evaluators for each discipline.
3. **Submit completed Request for Principal Status in each discipline for which you are applying.

| Requirements | | |
|--|----------|------|
| List the Principal Evaluator and location of the three (3) tests in which you participated to complete the process. | | |
| Principal Evaluator | Location | Date |
| 1. | | |
| 2. | | |
| 3. | | |
| From the above list, indicate below the Principal Evaluator and the location of the test that you set up and evaluated from start to finish: | | |
| 4. | | |

| Acknowledgement | |
|--|-------------|
| By my signature below, I certify that, to the best of my knowledge, the information provided by me is true and correct. I understand that false or misleading information may lead to the rejection of my application or its revocation. | |
| NAME (Please Print): _____ | |
| SIGNATURE: _____ | DATE: _____ |

Send the completed form to: Robin Stanifer, NSDA Evaluations Program Administrator
 30 N. French, Sullivan, IN 47882
robin.stanifer@schosp.com