

Commonwealth of Virginia
 Department of Emergency Management
Search and Rescue Training Program

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7507.1 APPLICATION FOR CERTIFICATION

SEARCH and RESCUE TYPE 2 – TRACKING TECHNICIAN

Member Name _____

VDEM ID# _____

Sponsoring Group _____

Non-affiliated

- Certification (course acceptance) Re-certification* Reciprocity*

The following items must be documented in the above member's training file.

- Current CPR / First Aid certification**
 - Certificate of Completion of National Incident Management System Courses IS-100, IS-200, IS-700, IS-800, IS-809**
 - National Park Service, Basic Search and Rescue Course**
 - Current certification as Search Team Leader (STL) or equivalent. **
 - Documentation of all previous SAR Training supporting certification.**
 - Certificate of Completion for of the Management Team Member (MTM) Course or equivalent.**
 - Documentation that a Criminal Background Check has been completed within 3 years. **
 - Documented completion of designated Tracking Evaluation stations within 2 years.*
 - Position Task Book for Tracking Technician (7507.2) has been completed within 3 years. **
 - Active member in good standing with the above named group.**
- (Non-affiliated personnel must submit all above documentation when requesting certification)

By signing the following section I affirm that the above items are current and complete in the individual's training file. The above named individual is applying for certification / recertification / reciprocity with the Commonwealth of Virginia, Department of Emergency Management, Search and Rescue (COVSAR) Program. All parties understand that the group and individual's training file will be made available upon request for audit at anytime with reasonable notice. Further, knowingly falsifying information or lack of complete information may prevent, delay, or disqualify the individual, the group, and others involved from certification or renewal of the Group Memorandum of Understanding (MOU) in the future.

Requesting Member Signature _____ VDEM SAR ID# _____ Date _____

Group Training Officer Signature _____ VDEM SAR ID# _____ Date _____

Group Leader Signature _____ VDEM SAR ID# _____ Date _____

VDEM Search and Rescue Program Representative _____ Date Received _____ Date Cert Issued _____