



**GSAR- NCP SAR Manager Application Package (Page 1 of 3)**

**Candidate Name:(Print)** \_\_\_\_\_

**Assessor Name:(Print)** \_\_\_\_\_

| Categories                               | Candidate Signature | Assessor Signature | Date |
|--|---------------------|--------------------|------|
| 6.1: Program                             |                     |                    |      |
| 6.2 Roles and Responsibilities           |                     |                    |      |
| 6.3 Planning                             |                     |                    |      |
| 6.4 Implementation                       |                     |                    |      |
| 6.5 Search Operations                    |                     |                    |      |
| 6.6 Post Mission                         |                     |                    |      |
| 6.7 Technology and Specialized Resources |                     |                    |      |
| 6.8 Urban Searches                       |                     |                    |      |

I certify that all the information provided above is truthful and has been completed according to the details in the *CSA Z1620-15 Core competency standards for ground search and rescue operations: Searcher, Team Leader, and SAR Manager.*

**Candidate Signature:** \_\_\_\_\_

I have attached my National Certification Program SAR Manager Exam: Yes or No (circle)

I have been provided a copy of the Ethics Policy, Privacy Policy and Requirements and Guidelines as outlined by the GSAR-NCP: Yes or No (circle)

CONFIRMED BY ADMINISTRATIVE OFFICE ON: (DATE) \_\_\_\_\_



## Application Package SAR Manager / Candidate Declaration (Page 2 of 3)

I (Print) \_\_\_\_\_ declare I understand and have met the following criteria and wish to be considered for National Certification under the GSAR-NCP:

Age of majority: the applicant must be at least 18 years of age prior to applying to the requested level of certification. Yes/ No \_\_\_\_\_

Membership: the applicant must be a current active member of a recognized GSAR team within the P/T Association, or by AHJ, as defined in these policies and procedures. Yes/No \_\_\_\_\_

Prerequisites: the applicant understands and has met all required pre requisites as outlined in the GSAR-NCP Requirements and guidelines governing certification, Part 2: Certification Process. Yes/No \_\_\_\_\_

The applicant declares all information provided is truthful, accurate, and correct and that their application was placed respecting the policies and procedures outlined in the GSAR-NCP Requirements and guidelines governing certification. Yes/No \_\_\_\_\_

### **The applicant understands that GSAR-NCP SAR Manager Certification can be revoked due to the following:**

The individual is unable to obtain a clear Vulnerable Sector Check and/or Criminal Record Screening from their AHJ, if required.

The individual has been 'discharged for cause' from their operations team(s). Causes may include, but not be limited to, disregard for the rights of others, gross misconduct, misuse of authority, falsification of an official report.

False information submitted on the application for certification.

Recommendations from AHJ on revocation on the basis of serious legal or professional misconduct.

Failure to meet and maintain Recertification Requirements outlined by the GSAR-NCP National Committee.

**Candidate Signature:** \_\_\_\_\_

**Association/AHJ Coordinator Name (Print)** \_\_\_\_\_

**Association/AHJ Coordinator Name (Print) Signature** \_\_\_\_\_

Certification Approved by GSAR-NCP Office on \_\_\_\_\_ Certificate Sent on \_\_\_\_\_



**Application Package Online Exam Certificate (Page 3 of 3)**

**ATTENTION**

**PLEASE ATTACH EXAM CERTIFICATE TO THIS APPLICATION (VIA EMAIL OR OTHERWISE)**