



GSAR- NCP Team Lead Application Package (Page 1 of 3)

Candidate Name:(Print) _____

Assessor Name:(Print) _____

Categories	Candidate Signature	Assessor Signature	Date
5.1: Program			
5.2 Human Factors			
5.3 Environment			
5.4 First Aid & Survival Skills			
5.5 Transportation Safety			
5.6 Navigation			
5.7 Field Communication & Technologies			
5.8 Lost-Person Behaviour			
5.9 Search Competencies			
5.10 Specialized Resources			

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 Team Leader 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/ Candidate Declaration (Page 2 of 3)

I (Print) _____ declare I understand and have met the following criteria and wish to be considered for Team Leader 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 Team Lead 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 Board (SARVAC).

Candidate Signature: _____

Association/AHJ Coordinator Name (Print): _____

Association/AHJ Coordinator Name (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)