



GSAR-NCP LEGACY APPLICATION TEAM LEADER CERTIFICATION

I _____ (Assessor Name) can verify that _____ (Candidate Name) has at least 10 (ten) years of service, is a member in good standing with the _____ (Association/Province/Territory Name) and has demonstrated the *Team Leader core competency categories* outlined in the *CSA Z1620-24 Core competency standards for ground search and rescue operations*.

Assessor Name (Print): _____

Candidate Name (Print): _____

Assessor Signature: _____

Candidate Signature: _____

I understand and have met the following criteria:

- Age of majority: I am at least 18 years of age prior to applying to the requested level of certification.

(PLEASE CHECK)

- Membership: I am a current active member of a recognized GSAR team within the P/T Association, or by AHJ, as defined in the *GSAR-NCP Requirements and guidelines governing certification*.

(PLEASE CHECK)

- I declare that all information provided is truthful, accurate, and correct and that my application was placed respecting the policies and procedures outlined in the *GSAR-NCP Requirements and guidelines governing certification*.

(PLEASE CHECK)

- I understand that GSAR-NCP Team Leader 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 convicted of a specific summary offense determined by the Board as the basis for revocation.
- 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 Requirements and guidelines*

(PLEASE CHECK)

Candidate Signature: _____

Assessor Name: _____

Association/AHJ Coordinator Signature: _____

Team Coordinator Signature (If required by Provincial Association) _____

Approved for Certification by GSAR-NCP Office on: _____

Certificate sent to Candidate on: _____