



**Federal Emergency Management Agency**  
**URBAN SEARCH AND RESCUE TASK FORCE (MA-TF1)**  
43 Airport Road, Beverly, MA 01915  
Telephone: (978) 922-5680  
FAX: (978) 921-6074



Dear Task Force Applicant,

Along with your **signed** application, please be sure that you are including **all** of the required forms (signed when necessary) listed below:

- Resume
- MOU
- OF612
- Vendor Contract
- Responder Information Sheet
- Data Transmittal Sheet
- Activation Reimbursement
- Medical History Form
- Commitment Declaration
- Beneficiary Form
- Policies & Procedures
- Respiratory Medical Evaluation Questionnaire
- W9
- CORI

Include a photocopy of the following licenses/training (one document per page):

- Driver's License, Required
- CPR, Required
- EMT/MD/RN/DEA Card(s)/Certificate(s), if you have it; required if applicable to position
- Engineering Certification (Structural Specialists only)
- Passport
- ICS 100, 200, 700, 800 (on-line link on our website), Required
- WMD/Terrorism for Emergency Responders (on-line link on our website), Required
- Photocopy of any additional license/certifications applicable to position applying for

Official documentation (dates required) of the following required inoculations:

- Tetanus (must be within past 10 years)
- MMR (or titer date and results)
- Hepatitis A – 2 shot series (or titer date and results)
- Hepatitis B – 3 shot series (or titer date and results)
- Polio (or titer date and results)

Please feel free to include copies of any training certificates that may be applicable to your position or the team.



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## **MA-TF1 FEMA USAR Team Application**

### **Applicant Information**

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date, City and State of Birth: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_ US Citizen (Check One):    YES    NO

Position Requested \_\_\_\_\_ (List at least one position listed on our website)

### **Notification Information**

E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Pager Provider \_\_\_\_\_ PIN #: \_\_\_\_\_

### **Person to Notify in Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#1 Emergency Number \_\_\_\_\_ #2 Emergency Number \_\_\_\_\_

### **Employer Information**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Licenses & Certifications (Please include a copy of current license with application)**

Medical Qualifications (Check any that apply): MD DO RN EMT

U.S. Passport #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ Class: \_\_\_\_\_

CDL: yes no Endorsement \_\_\_\_\_ DOT Card: yes no Expiration: \_\_\_\_\_

Other Licenses/Certifications: \_\_\_\_\_

**USAR Qualifications**

(Circle highest level or briefly describe level of training and attach documentation)

Basic Firefighting (NFPA 1001): \_\_\_\_\_ Structural Collapse Technician Yes No

Rope Rescue Awareness/Ops/Tech Level: \_\_\_\_\_

Confined Space Rescue Awareness/Ops/Tech Level: \_\_\_\_\_

Trench Awareness/Ops/Tech Level: \_\_\_\_\_

Extrication Awareness/Ops/Tech Level: \_\_\_\_\_

Water Awareness/Ops/Tech Level: \_\_\_\_\_

Hazmat Awareness/Ops/Tech Level: \_\_\_\_\_

Construction Equipment Operation (list): \_\_\_\_\_

Rigging, Welding, Cutting: \_\_\_\_\_

Search/Canine Operations: \_\_\_\_\_

CISD Training: \_\_\_\_\_

Incident Command Systems (100,200,700,800) \_\_\_\_\_

Supervisory Experience: \_\_\_\_\_

Military Experience: \_\_\_\_\_

Military Aircraft Experience: \_\_\_\_\_

Foreign Language: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_



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April 1, 2011

Dear Employer,

The employee whose name appears on the attached Memorandum of Understanding has been selected for a position on the Massachusetts Task Force (MA-TF1) of the Federal Emergency Management Agency, Urban Search and Rescue Program. MA-TF1 is one of twenty-eight national teams and the only team based in New England.

FEMA initiated the Urban Search and Rescue Program in 1990 as a direct result of the Loma Prieta earthquake. The program has created twenty-eight teams of technical specialists capable of rapid response to an earthquake or other catastrophic disaster. These teams implement search and rescue procedures, provide emergency medical care to trapped and injured victims, and help to mitigate the effects of the disaster on our citizens.

When teams are deployed as part of a Presidential Disaster Declaration, Task Force members will be registered as "System Members" with FEMA/DHS. Task force members will remain employed by their respective sponsoring jurisdictions for salary and assessments of other benefits; upon activation, they will additionally become Federal Employees for the tort liability purposes and Federal Worker's Compensation. FEMA will reimburse the sponsoring organization the normal and usual rates of pay and backfill costs accrued as a result of the activation by their employer.

We ask you to support your employee's commitment to this program by signing the attached Memorandum of Understanding and to view this commitment the same as you do for those employees who are in the Armed Forces Reserve programs.

Sincerely,

Mark Foster  
MA-TF1 Program Manager



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**Memorandum of Understanding**

As a member of the Urban Search and Rescue Task Force, I accept the following responsibilities:

While a member of the Task Force, I will maintain close liaison with the Task Force to which I am assigned. I will attend scheduled training meetings and exercises whenever possible.

In the event of a National Emergency, I intend to be available as assigned within the program.

If I am called to duty during a Presidential declaration, I understand that my agency will be compensated for my time while I serve as a member of the Task Force.

I understand that my assignment will be for a period not to exceed fourteen days.

My employer concurs with this commitment, which I am making to the Federal Emergency Management Agency's Urban Search and Rescue program.

Name of Task Force Member: \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Title of Employer's Representative: \_\_\_\_\_

Signature of Employer's Representative: \_\_\_\_\_

Date: \_\_\_\_\_

# OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

<b>1</b> Job title in announcement		<b>2</b> Grade(s) applying for	<b>3</b> Announcement number
<b>4</b> Last name	First and middle names		<b>5</b> Social Security Number
<b>6</b> Mailing Address			<b>7</b> Phone Numbers (incl area code) Day ( ) Eve ( )
City	State	Zip Code	

## WORK EXPERIENCE

**8** Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job Title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ( )

Describe your duties and accomplishments

2) Job Title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ( )

Describe your duties and accomplishments

**9** May we contact your current supervisor?

**YES** [ ] **NO** [ ] if we need to contact your current supervisor before making an offer, we will contact you first.

## **EDUCATION**

**10** Mark highest level completed. **Some HS** [ ] **HS/GED** [ ] **Associate** [ ] **Bachelor** [ ] **Master** [ ] **Doctoral** [ ]

**11** Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

**12** Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

1) Name			Total Credits Earned		Major(s)	Degree - Year (if any) Received
			Semester	Quarter		
City	State	Zip Code				
2)						
3)						

## **OTHER QUALIFICATIONS**

**13** **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

## **GENERAL**

**14** Are you a U.S. citizen? **YES** [ ] **NO** [ ] **▶** Give the country of your citizenship. \_\_\_\_\_

**15** Do you claim veterans' preference? **NO** [ ] **YES** [ ] **▶** Mark your claim of 5 or 10 points below.

**5 points** [ ] **▶** Attach your DD 214 or other proof. **10 points** [ ] **▶** Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

**16** Were you ever a federal civilian employee?

**NO** [ ] **YES** [ ] **▶** For highest civilian grade give: Series \_\_\_\_\_ Grade \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**17** Are you eligible for reinstatement based on career or career-conditional Federal status?

**NO** [ ] **YES** [ ] **▶ if requested, attach SF 50 proof.**

## **APPLICANT CERTIFICATION**

**18** I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

**SIGNATURE**

**DATE SIGNED**

## GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached Optional Application for Federal Employment or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

## THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

## PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public or private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, The Office of Special Counsel, The Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

***STRAIGHT TALK ON... The Federal Job Search  
A "3 - Step Process"***

Forget what you have heard about the complexities in finding a Federal job. We have made the process simple! Your job search for Federal career opportunities is now a "3 - Step Process".

Although the actual job search is your responsibility, the U.S. Office of Personnel Management (OPM) has developed the "Federal Employment Information Highway" to assist you along the way. The "Highway" is composed of 3 user-friendly systems that you can use to conduct your personal job search. These systems not only tell you the latest job openings, they provide job ready access to application materials, and also information on a wide range of Federal employment-related topics and programs (listings are updated daily).

Now you can perform your personal job search using your telephone, your personal computer, or by visiting our touch screen computer kiosks located in various locations nationwide.

**STEP 1: USE ANY OF THE AUTOMATED  
SYSTEMS ON THE FEDERAL EMPLOYMENT  
INFORMATION HIGHWAY**

Federal agencies list job opportunities on the Federal Employment Information Highway. Job seekers can use the "Highway" to find out about Federal career opportunities by using either of these three user-friendly systems. They are:

- OPM's Career America Connection at (912) 757-3000, TDD Service at (912) 744-2299, a telephone-based system that provides current worldwide Federal job opportunities,
- salary and employee benefits information, special recruitment messages and more. You can also record your request to have application packages, forms, and other employment related literature mailed to you. This service is available 24 hours a day, 7 days a week. Request Federal Employment Info Line factsheet EI-42, "Federal Employment Information Sources," for a complete listing of local telephone numbers to this nationwide network.
- OPM's Federal Job Opportunities "Bulletin" Board (FJOB) at (912) 757-3100, a computer-based bulletin board system that provides current worldwide Federal job opportunities, salaries and pay rates, general and specific employment information, and more. You must have a personal computer with a modem to access this system. Many of the jobs announced on the FJOB have complete text announcements attached which can be downloaded or viewed on-line, or you may leave your name and address to have application packages and forms mailed to you. This service is available 24 hours a day, 7 days a week. You may also contact us on the Internet via Telnet at FJOB.MAIL.OPM.GOV and File Transfer Protocol at FTP.FJOB.MAIL.OPM.GOV. Information about obtaining Federal job announcement files via Internet mail should be directed to:  
INFO@FJOB.MAIL.OPM.GOV.
- Federal Job Information "Touch Screen" Computer, a computer-based system utilizing touch screen technology. These kiosks, located throughout the nation, in



# ***The Federal Job Search . . . A "3 - Step Process"***

OPM offices, Federal Office Buildings and other locations, allow you to access current worldwide Federal job opportunities, on-line information, and more with the touch of a finger. You can also leave a request to have application packages, forms and other employment related literature mailed to you. Request Federal Employment Info Line factsheet EI-42, "Federal Employment Information Sources," for a complete listing of the locations of our Touch Screen Computers.

We suggest you check the "Highway" frequently, since job listings on these systems are updated daily.

## **STEP 2: OBTAIN THE VACANCY ANNOUNCEMENT**

Once you have found an opportunity that interests you, using **STEP 1**, you will need more information on the specific opportunity and appropriate application forms. You may obtain a copy of the vacancy announcement and a complete application package by leaving your name and address in one of the automated systems on the "Highway" or, when available, by downloading the actual announcement and any supplementary materials from the FJOB. The vacancy announcement is an important source of information. Most of the questions you may have will be answered as you read through the announcement. For example: closing/deadline dates for applications, specific duties of the position, whether or not a written test is required, educational requirements, duty location, salary, etc.

## **STEP 3: FOLLOW THE APPLICATION INSTRUCTIONS**

You may apply for most jobs with a resume, or the Optional Application for Federal Employment (OF-612), or any written format you choose. For jobs that are unique or filled through automated procedures, you may be given special forms and/or instructions in the job announcement.

Although the Federal Government does not require a standard application form for most jobs, certain information is needed to evaluate your qualifications. If you decide to submit any other format, other than the OF-612, (i.e., a resume), the following information must be included:

**Job Information** - Announcement number, title and grade.

**Personal Information** - Full name, mailing address (with zip code), day and evening phone numbers (with area code), social security number, country of citizenship, veterans' preference, reinstatement eligibility, highest Federal civilian grade held.

**Education** - High school name, city and state, colleges or universities, name, city and state, majors and type and year of any degrees received (if no degree, show total credits earned and indicate whether semester or quarter hours).

**Work Experience** - job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (month and year), hours per week, salary and indicate whether or not your current supervisor may be contacted. Prepare a separate entry for each job.

**Other Qualifications** - job related training courses (title and year), job related skills, job related certificates and licenses, job related honors, awards, and special accomplishments.

**CONTRACT BETWEEN THE CITY OF BEVERLY  
AND INDIVIDUALS ACTING AS VENDORS**

This contract defines the relationship between the City of Beverly as the Sponsoring Agency for the Massachusetts Urban Search and Rescue Task Force (MA-TF1) (hereafter referred to as “the Task Force”) and individuals that are hired on an hourly rate to perform tasks for the Task Force (hereafter referred to as “vendors”).

1. Each vendor is responsible for their own transportation to and from the point of assembly.
2. The Task Force through the City of Beverly Accounts Payable system will pay each vendor with no deductions for State, Federal or Local Taxes, which is the responsibility of the vendor.
3. If a vendor makes more than \$600 per year the City of Beverly will issue an IRS Form 1099 to the vendor.
4. The rate of reimbursement is reviewed on a annual basis between the Task Force Leader/Sponsoring Agency Head and representatives of the Task Force.
5. The current reimbursement schedule is attached.
6. During a deployment time is calculated from your time of arrival at the cache in Beverly until your dismissal from Beverly at the end of the mission. FEMA and or the Task Force may elect to add rehabilitation and CISD time at the end of the deployment in accordance with current guidelines.
7. During a Federal Deployment, the vendor will be covered by FEMA with Federal Worker’s Compensation and Federal Tort Liability.
8. No vendor may charge for backfill or lost wages as a result of his/her deployment.
9. This agreement is effective until superseded by a new agreement.

Contractor (print) \_\_\_\_\_ SSN \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mark Foster, US&R Program Manager \_\_\_\_\_ Date \_\_\_\_\_



## FEMA US&R RESPONSE SYSTEM RESPONDER INFORMATION SHEET



DATE OF INFORMATION: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

E-MAIL ADDRESS (please print clearly): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ PAGER PHONE: \_\_\_\_\_

EMPLOYER or DEPARTMENT, STATION, SHIFT: \_\_\_\_\_

HEIGHT AND WEIGHT: \_\_\_\_\_

RELIGION: \_\_\_\_\_

EXACT PASSPORT NAME: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_

PLACE OF ISSUE: \_\_\_\_\_

DATE AND CITY & STATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

### EMERGENCY RESPONSE QUALIFICATIONS

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> TASK FORCE LEADER           | <input type="checkbox"/> STRUCTURES SPECIALIST            | <input type="checkbox"/> MANAGEMENT  |
| <input type="checkbox"/> SEARCH TEAM MANAGER         | <input type="checkbox"/> HAZMAT SPECIALIST                | <input type="checkbox"/> OPERATIONS  |
| <input type="checkbox"/> RESCUE TEAM MANAGER         | <input type="checkbox"/> HEAVY RIGGING & EQUIPMENT SPCL.  | <input type="checkbox"/> AVIATION    |
| <input type="checkbox"/> MEDICAL TEAM MANAGER        | <input type="checkbox"/> TECHNICAL INFORMATION SPECIALIST | <input type="checkbox"/> PLANNING    |
| <input type="checkbox"/> TECHNICAL TEAM MANAGER      | <input type="checkbox"/> COMMUNICATIONS SPECIALIST        | <input type="checkbox"/> SAFETY      |
| <input type="checkbox"/> CANINE SEARCH SPECIALIST    | <input type="checkbox"/> LOGISTICS SPECIALIST             | <input type="checkbox"/> FISCAL      |
| <input type="checkbox"/> TECHNICAL SEARCH SPECIALIST | <input type="checkbox"/> PARAMEDIC                        | <input type="checkbox"/> ELECTRONICS |
| <input type="checkbox"/> RESCUE SQUAD OFFICER        | <input type="checkbox"/> NURSE                            | <input type="checkbox"/> CARPENTRY   |
| <input type="checkbox"/> RESCUE SPECIALIST           | <input type="checkbox"/> EMERGENCY MEDICAL TECHNICIAN     | <input type="checkbox"/> METAL WORK  |
| <input type="checkbox"/> MEDICAL SPECIALIST          | <input type="checkbox"/> INFORMATION MANAGEMENT           | <input type="checkbox"/> PLUMBING    |

OTHER TECHNICAL EXPERTISE/VOCATIONAL SKILLS: \_\_\_\_\_

LANGUAGES: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PRESENT MEDICAL CONDITION(S): \_\_\_\_\_

MEDICAL/SURGICAL HISTORY: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES/MEDICINAL REACTIONS: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_

BASIC IMMUNIZATIONS:	YES	DATE
DOMESTIC RESPONSE:		
TETANUS/DIPHTHERIA (dT)	_____	_____
HEPATITIS "B"	_____	_____
HEPATITIS "A"	_____	_____
MEASLES/MUMPS/RUBELLA	_____	_____
POLIO (OPV)	_____	_____
INFLUENZA	_____	_____
INTERNATIONAL RESPONSE:		
YELLOW FEVER	_____	_____
TYPHOID	_____	_____
MENINGITIS	_____	_____
OTHER _____	_____	_____
OTHER _____	_____	_____

**SEARCH FUNCTION INFORMATION:**

NAME OF CANINE: \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BREED/MARKING: \_\_\_\_\_

SPONSORING ORGANIZATION: \_\_\_\_\_

DATE QUALIFIED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

QUALIFYING OFFICIAL: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

IMMUNIZATIONS	YES	DATE
RABIES	_____	_____
DISTEMPER	_____	_____
HEPATITIS	_____	_____
LEPTOSPIROSES	_____	_____
PARVO	_____	_____
HEART WORM	_____	_____
BORDETELLA	_____	_____

**NATIONAL URBAN SEARCH AND RESCUE RESPONSE SYSTEM  
DATA TRANSMITTAL SHEET**

HQ REGION Washington DC DUTY STATION APPROPRIATION CODE  
\*\*\*\*\*  
IS THIS EMPLOYEE A CITIZEN OF THE UNITED STATES? YES NO  
IF NO, OF WHAT COUNTRY IS HE/SHE A CITIZEN? \*\*\*\*\*

NAME: MALE FEMALE

BIRTHDATE:

SSN: PAY PLAN:

RETIREMENT STATUS: NONE CS RETO CS&RETO CS&RE

ENTRANCE ON DUTY DATE:

POSITION TITLE: National Urban Search and Rescue Response System Member  
(Excepted Temporary Federal Volunteer)

NATURE OF ACTION: SF 171 OF 612 APPT. NOT TO EXCEED: / /

HANDICAP CODE: (SF-258) MINORITY DESIGNATION: (SF-181)

DATE OATH OF OFFICE ADMINISTERED:

EDUCATION: HIGH SCHOOL DIPLOMA YES NO

COLLEGE DEGREE YES NO

MAJOR FIELD OF STUDY:

DEGREE TYPE: BA BS MA MS Ph.D. Year:   
(DEGREE = CERTIFICATION FROM COLLEGE/UNIV. FOR 120 CREDITS OR 4 YEARS)

EMPLOYEE'S PERMANENT MAILING ADDRESS:

APPROVED BY:

Bruce P. Baughman  
Division Director, Operations Division  
Response and Recovery Directorate

RETIREMENT INFORMATION: CS RETIREES: MONTHLY ANNUITY \$  
MILITARY: BRANCH OF SERVICE:  
RANK:  
DATE OF RETIREMENT: / /

TAX INFORMATION:

STATE: MARRIED: SINGLE: # OF EXEMPTIONS:

FEDERAL: (FORM W-4) MARRIED: SINGLE: # OF EXEMPTIONS:



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FAX: (978) 921-6074



## **ACTIVATION REIMBURSEMENT ELECTION FORM**

As a member of the MATF-1 Task Force you can elect to be paid for your service **during an Activation** one of two ways:

1. You can be paid for your time by your employer and the City of Beverly will reimburse your employer as well as pay for your backfill. If you choose this method of reimbursement, please complete the entire section below checking "Through my Employer".
2. You can be paid directly as a vendor of the City of Beverly and be paid directly at the prevailing FEMA rate. There is no backfill provision. If you choose this method of reimbursement, please print your name, SSN, check "Directly as a Vendor," and sign and date form.

FEMA will cover all Task Force members with Federal Workers Compensation. If you elect to be paid by your employer, you may be eligible for additional benefits through your employer.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I elect to be paid: \_\_\_\_\_ Directly as a Vendor \_\_\_\_\_ Through my Employer

EMPLOYER's NAME: \_\_\_\_\_

EMPLOYER's FEDERAL TAX ID#: \_\_\_\_\_

EMPLOYER's ADDRESS: \_\_\_\_\_

EMPLOYER's FAX #: \_\_\_\_\_

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Date

**MA-TF1 USAR  
CANDIDATE MEDICAL HISTORY  
(CONFIDENTIAL DOCUMENT)**

**Instructions:** This form is to be completed by the candidate's primary care physician or physician assistant/nurse practitioner under the license of his/her primary physician. All sections of this form must be completed. The completed form is to be returned to the MA-TF1 with your application for review prior to participation in team activities.

**Candidate Information**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact/Next of Kin:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
#1 Emergency Phone: \_\_\_\_\_ #2 Emergency Phone: \_\_\_\_\_

**( 1-5 & 10 to be completed by candidate) :**

**(1) Past Medical History**

List any Chronic Medical Problems that require regular care by a physician or for which you must take medications to treat (for example; high blood pressure, asthma, etc.)

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**MA-TF1 Medical History (page 2)**

**(2) Past Surgeries (list any surgery and it's approximate date):**

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**(3) Medications (list all medications you are presently prescribed):**

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**(4) Allergies To Medications (list and indicate type of allergic reaction If known):**

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**(5) Social History:**

Do You use Tobacco? \_\_\_\_\_ If yes, in what form? \_\_\_\_\_  
Do You use Alcohol? \_\_\_\_\_ If Yes, how often? \_\_\_\_\_

**(6-9 to be completed by your Physician):**

**(6) Immunization History**

<u>Vaccination</u>	<u>Date(s) or titer dates and results</u>
MMR	_____
OPV	_____
DT	_____
HEP A (2 shot series)	_____
HEP B (3 shot series)	_____

**(7) PPD Screen:**

Date of Last PPD \_\_\_\_\_  
Result of Last PPD \_\_\_\_\_

**MA-TF1 Medical History (page 3)**

**(8) Physical Exam:**

HEENT: \_\_\_\_\_

**(8) Physical Exam:**

Neck \_\_\_\_\_

Chest \_\_\_\_\_

Abdomen \_\_\_\_\_

Extremities \_\_\_\_\_

Skin (tattoos, scars, etc) \_\_\_\_\_

Neuro \_\_\_\_\_

Additional Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any physical limitations that may prevent this person from participating in strenuous activity (if none, indicate none).

\_\_\_\_\_  
\_\_\_\_\_

**(9) Physician, Please Read and Sign:**

**Note to the Examining Physician:** The duties and activities of a member of this Search and rescue team are both physically and mentally taxing. A candidate should be in good physical condition and fully capable of participation in physically demanding work without putting his or herself at risk by doing so. Likewise, the candidate's emotional state should also be excellent.

At the time of this exam and to the best of my ability, this candidate appears to be of sound physical and emotional state so that they may safely participate in exercises with the FEMA/USAR Task Force MA-TF1.

Name of Examiner \_\_\_\_\_

(Circle) MD DO PA NP

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**(10) Candidate Signature:**

The information given above is true and complete. To the best of my knowledge, I have no limitations (physical or emotional) that would prevent me from safely participating in regular activities with the MA-TF1 USAR team.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_



# MA-TF1 Commitment Declaration Form



In order to insure proper Contingency Planning for US&R response in the event of a deployment in the New England Region, it is important that the MATF staff be aware of any member commitments that might affect team-staffing levels.

Please check off either "Yes" or "No" next to each item. If any answer is yes please briefly explain the commitment.

**Yes No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | National Guard   |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Reserve   |
| <input type="checkbox"/> | <input type="checkbox"/> | Regional HazMat team                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Local or regional Search and Rescue team                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Canine team  |
| <input type="checkbox"/> | <input type="checkbox"/> | Regional response team (collapse, swift water, dive, etc)  |
| <input type="checkbox"/> | <input type="checkbox"/> | FEMA IST: Red White Blue (please circle appropriate group) |
| <input type="checkbox"/> | <input type="checkbox"/> | Wildfire team  |
| <input type="checkbox"/> | <input type="checkbox"/> | NDMS   |
| <input type="checkbox"/> | <input type="checkbox"/> | MMRS   |
| <input type="checkbox"/> | <input type="checkbox"/> | DMAT   |
| <input type="checkbox"/> | <input type="checkbox"/> | Red Cross/ Salvation Army                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Woodland Search and Rescue Team                            |
| <input type="checkbox"/> | <input type="checkbox"/> | FEMA DAE   |
| <input type="checkbox"/> | <input type="checkbox"/> | State Emergency Management Team                            |
| <input type="checkbox"/> | <input type="checkbox"/> | FEMA/State Rapid Assessment team                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Other team/agency/commitments (please list and explain)    |

Briefly explain your level of commitment to other organization(s) and any impact that it may have on any MA-TF1 deployment.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's /Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

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Complete, sign and date this block if you wish to name or change your beneficiary.

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I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Contingent

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

## Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

# **MA-TF1 US&R TASK FORCE POLICIES AND PROCEDURES**

## **ORGANIZATION**

The MA-TF1 Urban Search and Rescue Team is a federally supported effort sponsored by the City of Beverly. The basic interagency agreements are outlined in a three party agreement signed by the State of Massachusetts, the City of Beverly and the Federal Emergency Management Agency (FEMA).

When activated by FEMA, team members serve as Excepted Temporary Federal Volunteer and are paid either by the City of Beverly or through their employer, who is then reimbursed by the City of Beverly. When activated by FEMA for a mission, all administrative and tactical matters are handled through FEMA.

During training and administrative activities, team members serve on a volunteer basis and receive no monetary compensation. The sponsoring agency (City of Beverly) is directly responsible for recruiting and training all members as well as maintaining a ready cache of response equipment.

## **MEMBERSHIP & PROBATIONARY STATUS (Policy #30)**

All candidates must fill out the required application forms packet which is then reviewed by the appropriate Team Manager. If the Team Manager feels the candidate is a potential team member, the candidate will be invited to attend a team orientation meeting and meet with their prospective Team Manager. If the candidate is approved by the Team Manager, the candidate will be invited to become a Probationary Member and will begin the mandatory team training. Once the Probationary Member serves a satisfactory 9 months, they may be appointed as a "Full Member". See Policy #30 for complete Membership Guidelines

## **DEPLOYMENT (Policy #4)**

Under current FEMA regulations only 80 members of the Task Force are allowed on a deployment, there are no exceptions to this regulation. The members selected for the deployment are determined by the pre-selected deployment call down list. A deployment call down list is maintained by each Team Manager. Team Managers are responsible for keeping the deployment list up to date and determining the notification method for each team. See Policy #4 for Complete Deployment Eligibility Guidelines

## **DEPLOYMENT REIMBURSEMENT (Policy #9)**

Deployment reimbursement policy is determined by FEMA. In general, FEMA will pay for a member's time from the individuals arrival at the cache in Beverly, at the beginning of the deployment, until the member is released from the cache to return home at the end of the mission. FEMA will also pay any additional costs incurred by the member's department for necessary backfill. See Policy #9 for Complete Personnel Reimbursement after Deployment Guidelines

## **TRAINING & SERVICE HOUR REQUIREMENTS (Policy # 1 & #2)**

Each member is expected to attend a minimum of 40 training hours during a running calendar year and 20 service hours at non-training events (administrative meetings, cache rehab, maintenance, etc.) during a running calendar year. All members are required to sign in on the attendance roster at each training/work session and/or meeting. All signatures must be original. See Policies 1 & 2 for Complete Training & Service Requirements

## **ISSUED EQUIPMENT (Policy #37)**

Applicants accepted into the orientation process (Phase 1) will be issued 1 pair of cotton BDU pants and 1 long sleeve t-shirt. Applicants must supply their own steel toe safety boots. See Policy #37 for Complete Issued Equipment Policy Guidelines

Equipment that is issued to Task Force members from the cache is the property of the Federal Government and must be returned when membership is terminated. Damaged or lost equipment must be reported immediately. The Team Logistician has forms for issuing and returning equipment as well as damage reporting.

## SAFETY EQUIPMENT & PROTECTIVE GEAR STANDARDS (Policy #33)

Members without protective gear are prohibited from participating in training activities.

## UNIFORM OF THE DAY (Policy #22)

Official Uniform is to be worn whenever activated, when the Task Force is on public display, during drills and/or and when ever directed.

## CODE OF CONDUCT (Policy #3)

Please read Policy #3 for a complete list of guidelines.

## ACKNOWLEDGMENT

I have read and understand the above abbreviated policies and procedures. I understand that once accepted to MA-TF1, I will be given access to Policies & Procedures and SharePoint and I am responsible to be familiar with all of them.

Signed

Date \_\_\_\_\_

Print Name

## Appendix A: Medical Evaluation Questionnaire

### Appendix C to § 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

**To the employer:** Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

**To the employee:** Can you read (circle one): yes / no

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

**Part A. Section 1.** (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (*please print*).

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one): Male/Female
5. Your height: \_\_\_\_ ft. \_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): yes / no
11. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): yes / no  
If "yes," what type(s): \_\_\_\_\_

**Part A. Section 2.** (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: yes / no
2. Have you ever had any of the following conditions?
  - a. Seizures (fits): yes / no
  - b. Diabetes (sugar disease): yes / no
  - c. Allergic reactions that interfere with your breathing: yes / no
  - d. Claustrophobia (fear of closed-in places): yes / no
  - e. Trouble smelling odors: yes / no
3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis: yes / no
  - b. Asthma: yes / no
  - c. Chronic bronchitis: yes / no
  - d. Emphysema: yes / no
  - e. Pneumonia: yes / no

- f. Tuberculosis: yes / no
- g. Silicosis: yes / no
- h. Pneumothorax (collapsed lung): yes / no
- i. Lung cancer: yes / no
- j. Broken ribs: yes / no
- k. Any chest injuries or surgeries: yes / no
- l. Any other lung problem that you've been told about: yes / no

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: yes / no
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: yes / no
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: yes / no
  - d. Have to stop for breath when walking at your own pace on level ground: yes / no
  - e. Shortness of breath when washing or dressing yourself: yes / no
  - f. Shortness of breath that interferes with your job: yes / no
  - g. Coughing that produces phlegm (thick sputum): yes / no
  - h. Coughing that wakes you early in the morning: yes / no
  - i. Coughing that occurs mostly when you are lying down: yes / no
  - j. Coughing up blood in the last month: yes / no
  - k. Wheezing: yes / no
  - l. Wheezing that interferes with your job: yes / no
  - m. Chest pain when you breathe deeply: yes / no
  - n. Any other symptoms that you think may be related to lung problems: yes / no

5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: yes / no
  - b. Stroke: yes / no
  - c. Angina: yes / no
  - d. Heart failure: yes / no
  - e. Swelling in your legs or feet (not caused by walking): yes / no
  - f. Heart arrhythmia (heart beating irregularly): yes / no
  - g. High blood pressure: yes / no
  - h. Any other heart problem that you've been told about: yes / no

6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: yes / no
  - b. Pain or tightness in your chest during physical activity: yes / no
  - c. Pain or tightness in your chest that interferes with your job: yes / no
  - d. In the past two years, have you noticed your heart skipping or missing a beat: yes / no
  - e. Heartburn or indigestion that is not related to eating: yes / no
  - f. Any other symptoms that you think may be related to heart or circulation problems: yes / no

7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: yes / no
  - b. Heart trouble: yes / no
  - c. Blood pressure: yes / no
  - d. Seizures (fits): yes / no

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: yes / no
  - b. Skin allergies or rashes: yes / no
  - c. Anxiety: yes / no
  - d. General weakness or fatigue: yes / no
  - e. Any other problem that interferes with your use of a respirator: yes / no

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: yes / no

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): yes / no

11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: yes / no
  - b. Wear glasses: yes / no

- c. Color blind: yes / no
- e. Any other eye or vision problem: yes / no

12. Have you ever had an injury to your ears, including a broken ear drum: yes / no

13. Do you currently have any of the following hearing problems?

- a. Difficulty hearing: yes / no
- b. Wear a hearing aid: yes / no
- c. Any other hearing or ear problem: yes / no

14. Have you ever had a back injury: yes / no

15. Do you currently have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: yes / no
- b. Back pain: yes / no
- c. Difficulty fully moving your arms and legs: yes / no
- d. Pain or stiffness when you lean forward or backward at the waist: yes / no
- e. Difficulty fully moving your head up or down: yes / no
- f. Difficulty fully moving your head side to side: yes / no
- g. Difficulty bending at your knees: yes / no
- h. Difficulty squatting to the ground: yes / no
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: yes / no
- j. Any other muscle or skeletal problem that interferes with using a respirator: yes / no

**Part B:** Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: yes / no

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: yes / no

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: yes / no

If "yes," name the chemicals if you know them: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: yes / no
- b. Silica (e.g., in sandblasting): yes / no
- c. Tungsten/cobalt (e.g., grinding or welding this material): yes / no
- d. Beryllium: yes / no
- e. Aluminum: yes / no
- f. Coal (for example, mining): yes / no
- g. Iron: yes / no
- h. Tin: yes / no
- i. Dusty environments: yes / no
- j. Any other hazardous exposures: yes / no

If "yes," describe these exposures: \_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_

\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_

\_\_\_\_\_

7. Have you been in the military services? yes / no

If "yes," were you exposed to biological or chemical agents (either in training or combat): yes / no

8. Have you ever worked on a HAZMAT team? yes / no

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): yes / no

If "yes," name the medications if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: yes / no

b. Canisters (for example, gas masks): yes / no

c. Cartridges: yes / no

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): yes / no

b. Emergency rescue only: yes / no

c. Less than 5 hours per week: yes / no

d. Less than 2 hours per day: yes / no

e. 2 to 4 hours per day: yes / no

f. Over 4 hours per day: yes / no

12. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour): Yes/ No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour): yes / no

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): yes / no

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: yes / no

If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77° F): yes / no

15. Will you be working under humid conditions: yes / no

16. Describe the work you'll be doing while you're using your respirator(s): \_\_\_\_\_

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): \_\_\_\_\_

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:

\_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security): \_\_\_\_\_

**W-9**

**Request for Taxpayer  
Identification Number and Certification**

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



## URBAN SEARCH AND RESCUE TASK FORCE (MA-TF1)

43 Airport Road  
Beverly, MA 01915  
Telephone: (978) 922-5680  
FAX: (978) 921-6074



MUBRT  
G

### CORI REQUEST FORM

Massachusetts Urban Search & Rescue Task Force 1 has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for MA-TF1, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH:

\_\_\_\_-\_\_\_\_-\_\_\_\_  
SOCIAL SECURITY NUMBER:  
(Requested but not required)

\_\_\_\_\_  
ID Theft Index PIN\*  
(If applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_ft. \_\_\_\_in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE  
FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC  
IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued and Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**