



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



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 _____
 E-Mail Address _____

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 (Circle 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 (100,200,300,400,700,800) _____

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: _____