



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 _____

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: _____