



North Carolina Division of Emergency Management Wilderness/Land Search and Rescue Resource Workbook



Date Completed: _____

Agency: _____

Address: _____

County: _____

Phone: _____

Email: _____

Fax: _____

WGS84 Latitude:	
WGS84 Longitude:	
WGS84 USNG:	

Identify 24-hour emergency contact numbers

Contact: _____ Alt. Contact: _____

Office: _____ Office: _____

Cell: _____ Cell: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

1. Indicate your agency's/organization's wilderness/land SAR rescue capabilities.

Please list the number of individuals your organization has available for each rescue capability.

If an individual is trained in more than one category, please list them in each one in which he/she belongs to.

Resource Type	Quantity	Resource Type	Quantity
Land Search		K9- Tracking/Trailing	
Wilderness Rescue		K9- Air Scent	
Mountain Rescue		K9- Cadaver	
Equestrian/Mounted		K9- Water	
Search Management		K9- Disaster	
		K9- Water Search	

2. Do you maintain Liability Insurance for your team? _____

3. Is your team covered by a Worker's Compensation policy? _____

Signed: _____

Agency Head

By Signing this Application,

You agree that your agency is available to respond out of your jurisdiction

You agree that your agency meets ALL THE SPECIFIED Training Criteria

Please email the completed application to SAR@ncem.org

NCEM USE ONLY:

Area Coordinator Signature	Date
SAR Coordinator Signature	Date