



National Entomology Scent Detection Canine Association

Request for Certification Evaluation Application

NESDCA uses the information in this application to determine your qualifications for evaluation and to ensure that NESDCA will contain a fair balance of interests. NESDCA will not use this information for any other purpose than the above. Please provide us with as much information as you feel will assist us in the APPROVAL process.

Name of Individual _____

Title _____

Employer _____

Mailing Address _____

City _____

State/Province _____

Country _____

Zip/Postal Code _____

Telephone _____

Fax _____

Email Address _____

FEE: There is no fee to be evaluated for certification. (Fees and expenses associated with travel will be required if evaluations are requested at times other than NESDCA scheduled evaluation/certification events)

Please indicate Scent, team is requesting to be evaluated for:

- Termite
 - Bedbug
 - Carpenter Ant
 - Other (Please indicate below)
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1. EVALUATION

a. Provide the name and location of the training facility from which you and your canine were trained. Please include experience and time handling Scent Detection Canine.

Facility Name _____

Facility Location _____

Experience _____

b. Please provide information about the facility to be used for certification. Include name, address, website (if available), also include type of building, hotel, office bldg. etc.

c. Are you willing to abide by, support, and promote NESDCA, our By-Laws and mission of Entomology Scent Detection? YES NO

2. REPRESENTATION

Indicate below the name of the business you would be representing.

Business Name _____

3. FUNDING SOURCE(S) FOR YOUR PARTICIPATION

a. Please provide a business address, telephone number, along with a specific contact person and their mailing address, e-mail, and telephone number.

4. ADDITIONAL COMMENTS

If granted NESDCA Certified Entomology Scent Detection Canine Team status, I agree to abide by the RULES and BY-LAWS NESDCA and agree to notify the Secretary of the NESDCA of a change in status, including change of employment, organization represented, location or funding source.

I attest that all of the information on this application is true and accurate.

Your FULL NAME _____

Today's Date _____