



## USAR Responder Card Application Form

### *Personal Details*

Name	DOB
Address	Phone (day)
	Phone (evening)
	Phone (mobile)
Order number (if applicable)	NZQA NSN

### *Team/Affiliation Details*

Team/Brigade/Unit Name	Registered Response Team Number (if applicable)
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*All Responder cards require 6400, 6401, 6402 (or the replacement units 26551 and 26552, or 14471 or the replacement unit 25412), 10618 or 7318 (or the replacement unit 24500), 18516, and 17279.*

*I have attached a copy of my NZQA Record of Achievement to confirm I have achieved the unit standards required for this application.*

\_\_\_\_\_  
*Applicants signature*

\_\_\_\_\_  
*Date*

**Attach:** \$15 Payment (Cheque made out to EMQUAL or Order Number), photo and NZQA ROA.

**Send to:** EMQUAL, PO Box 11988, Wellington.