

Name: _____ **Call Sign:** _____ **Jurisdiction:** _____

All activities must be performed according to the Performance Standards. For specifics of each of these requirements, consult the Credentialing Program Handbook.

Program Manager			Endorsement Requirements
Date	Call Sign	Initials	
			Credentials
			SCCo RACES Type II Net Control (N2)
			SCCo RACES Type II Packet Operator (P2)
			Endorsements
			SCCo RACES Mutual Aid Communicator (MAC)
			SCCo RACES EOC Radio Operator
			Administrative
			Recommendation from SCCo RACES Chief Radio Officer
			Training
			Santa Clara County ARES/RACES Training
			SCCo RACES Unit Leader Orientation
			Emergency Management Training
			G191: ICS / EOC Interface
			IS-2200: Basic Emergency Operations Center Functions
			Mentored Experience at county EOC Radio Room
			Min 1: RACES Unit Lead at approved exercise, event, incident

Usage:

- It is the candidate’s responsibility to maintain this record
- This document functions as a confirmation of completion of each credential requirement
- Bring this document with you to each evaluation attended for this credential
- Have the program manager sign-off on each line item completed
- Retain this document as your personal record in case of error or loss of county records