

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 III Field Operator (F3)
			SCCo RACES Type III Packet Operator (P3)
			Administrative
			LiveScan and background check by SCCo Sheriff (OR SCCo RACES Mutual Aid Communicator endorsement)
			Recommendation from local jurisdiction Radio Officer
			Training
			County Fire Training
			ACES County Fire Station Operations
			Mentored Experience
			Min 1: Voice & Packet Op at approved exercise, event, or incident at county fire station

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