

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