

**APPLICATION FOR THE
BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND
EXPLOSIVES
ACCELERANT DETECTION CANINE PROGRAM (ADCP)**

I. AGENCY INFORMATION

- A) Agency Name: Fort Bend County Fire Marshal's Office
- B) Agency Address: 1521 Eugene Heimann Circle, Suite 114
Richmond, Texas 77469
- C) Contact Name & Title: Fire Marshal Mark Flathouse
- D) Contact Phone #: (281) 238-1500
- E) Contact Email: mark.flathouse@fortbendcountytexas.gov

II. AGENCY FIRE INVESTIGATION STATISTICS

- | | |
|-----------------------------------|---|
| A) Number of Fire Investigations: | B) Number of Structural Fires Investigated: |
| 2012 <u>131</u> | 2012 <u>60</u> |
| 2013 <u>138</u> | 2013 <u>74</u> |
| 2014 <u>137</u> | 2014 <u>71</u> |
| 2015 <u>189</u> | 2015 <u>87</u> |
| C) % Arson Determinations | D) Injuries/Deaths: |
| FY 12 <u>4%</u> | FY 12 <u>1</u> |
| FY 13 <u>8%</u> | FY 13 <u>3</u> |
| FY 14 <u>8%</u> | FY 14 <u>3</u> |
| FY 15 <u>6%</u> | FY 15 <u>1</u> |

III. AGENCY INFORMATION

1. Does your agency have primary jurisdiction in responding to local fire incidents? Y (Y/N). If not, please explain: N/A

2. Does your agency have an investigation unit specifically designated for fire investigations?
Y (Y/N). If yes, how many people are assigned to this unit? 10

3. Does your agency belong to an arson task force? Y (Y/N). If yes, identify the participating agencies and the number of total personnel assigned to the task force: One person assigned to the ATF Arson Taskforce for Houston ATF

4. Does your agency conduct cooperative investigations with ATF? Yes, large fire scenes with commercial loss or fatalities. (Y/N).

a) If yes, how many per year? 1-3

b) Were any of these investigations with ATF's National Response Team? Yes (Y/N).

c) Please provide the name of the ATF Certified Fire Investigator your agency has worked with and/or the name(s) of a contact at the local ATF office:

Agent Name: Greg Carleton

Agent Phone Number: 281-716-8270

Agent E-mail Address: gregory.carleton@atf.gov

ATF Supervisor Name: Gena Alvarez

Phone Number: 281-716-8208

E-Mail: gena.alvarez@atf.gov

5. Does your agency currently employ accelerant detection canine/handler team(s)? N (Y/N).

- a) If yes, how many? N/A
- b) How many times per year is the canine utilized in your agency's fire scene investigations? N/A
- c) Does this accelerant detection canine team assist any other agencies in your area? N/A (Y/N).
- d) If yes, how many times per year? N/A (Y/N).

III. AGENCY INFORMATION, cont.

- e) Will the ATF canine replace one of your working accelerant detection canines? N/A (Y/N).
- f) Please provide the source to your accelerant detection canine(s), the age of the canine(s) training history, and canine/team's tour of duty (use additional sheet if necessary):

N/A

6. If your agency does not employ an accelerant detection canine, does your agency utilize another agency's accelerant detection canine? N (Y/N).

- a) If yes, please provide the agency name and location, and list the training background of the canine.

N/A

7. Does your agency currently employ any other type of working canine (i.e. patrol, explosives, narcotic, tracking)? N (Y/N).

- a) If yes, what type? N/A
-

b) How many? N/A

8. How many times per year does your agency anticipate that it will utilize the ATF accelerant detection canine? 50-100

9. Do you anticipate the team assisting any other agencies in your area?
Y (Y/N).

10. Does your agency have a working relationship with a Federal/State/local forensic laboratory that is capable of analyzing fire debris samples?

a) If yes, please give the name of this laboratory.

Texas State Fire Marshal's Laboratory

b) Is that laboratory willing to place a high priority on processing canine alert samples? Y (Y/N).

c) Does the laboratory have GC-MS capabilities? Y (Y/N).

IV. TO BE COMPLETED BY PROSPECTIVE CANINE HANDLER

1. Name/Title: Lieutenant Steven McDonald

2. Current Position: supervisor, arson investigator, fire safety inspector

3. How would you rate your physical condition?

Excellent _____ Good X Fair _____ Poor _____

4. Are you currently under any medical health restrictions? N (Y/N).

5. Please describe your fire investigation training and experience. Include any courses or certifications that you feel are assets to this type of work (continue on separate sheet or attach resume if necessary):

Texas Intermediate Arson investigator, Texas Intermediate Fire

Investigator, Texas Advanced Peace Officer, Graduate of National Fire

Academy Origin and Cause Investigations (R0206). Associates Degree in

Criminal Justice, currently finishing Bachelor's Degree in Criminal Justice.

See attached resume

IV. TO BE COMPLETED BY PROSPECTIVE CANINE HANDLER, cont.

6. Are you currently handling a service canine? N (Y/N). If yes, please briefly describe type, age, breed, reward system, and training background of canine. If no, do you have any experience with working canines? N (Y/N). If yes, please describe.

N/A

7. Do you have any pet(s)? Y (Y/ N)

If yes, please list each separately and note:

- a. Type
- b. Breed
- c. Age
- d. Sex
- e. Neutered/spayed
- f. Family pet, working canine, retired canine. If it is a working or retired canine, please specify type (i.e. patrol, narcotics, explosives, search & rescue)

Dog, black lab/German Shepherd mix, 10 years old, male, not neutered,
family pet (This dog goes back and forth between my home and my
mother's home. Lives at my house 40% - 50% of the year.) If needed, the
family dog could live full time at my mother's home.

8. Please list the ages of any children who currently live in your home or visit your home on a frequent basis.

No children live at my home or visit my home on a frequent basis

IV. TO BE COMPLETED BY PROSPECTIVE CANINE HANDLER, cont.

9. Are you involved with any type of outside employment such as insurance agencies, private investigation agencies, and/or canine training businesses? N (Y/N).

If yes, please describe:

N/A

10. Do you agree to:

- a) Maintain the canine in your residence? This includes assuring that the dog will not be continuously crated in your home. Y (Y/N).
- b) Train/maintain the canine seven-days-week following the ATF canine training protocols? Y (Y/N).
- c) Provide the canine with a loving and caring environment? Y (Y/N).
- d) Protect the canine from physical injury, both while on and off duty? Y (Y/N).
- e) Handle only the ATF certified detection canine during your 5-year program commitment? Y (Y/N).

V. AGENCY REQUIREMENTS

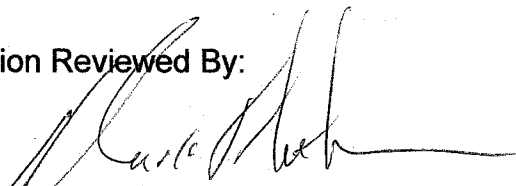
1. Does your agency understand that it is responsible for:
- a) Providing the handler/canine team with a dedicated climate-controlled vehicle equipped with air conditioning, heat and a built-in cage for the canine? Y (Y/N).
- b) Covering all veterinarian and emergency care expenses for the canine during its working life, including required annual exams? Y (Y/N).
- c) Purchasing all food for the canine during its working life? Y (Y/N).

V. AGENCY REQUIREMENTS, cont.

- d) Purchasing the required maintenance training equipment for the canine team? Training supplies include but are not limited to metal paint cans, disposable glove, various distracter materials, and training aids (ignitable liquids). Y (Y/N).
 - e) Sending the handler/canine team to the yearly recertification seminar, covering all travel, per diem, rental car, and lodging related expenses? Y (Y/N).
 - f) Making the canine team available to attend semi-annual in-service training seminars and incurring all travel related costs? Y (Y/N).
 - g) Availing the use of the handler/canine team for designated ATF investigations including ATF NRT callouts? Y (Y/N).
 - h) Availing the use of the handler/canine team for other designated Federal, State, and local investigations? Y (Y/N)
 - i) Ensuring that the canine lives in the handler's residence? Y (Y/N).
 - j) Ensuring that the canine's health and physical fitness is maintained in accordance to the ATF ADCP protocols? Y (Y/N).
 - k) Ensuring that the ATF ADCP training protocols and methodologies are adhered to so that the canine proficiency will be maintained? Y (Y/N).
 - l) Committing the handler/canine team to the ADCP for five years? Y (Y/N).
 - m) Ensuring that the designated handler is only responsible for the ATF Certified detection canine and no other canine during his/her 5-year program commitment? Y (Y/N).
 - o) Allowing the canine in the handler's office setting? Y (Y/N).
2. In order to maintain the canine proficiency, is your agency willing to have the canine team work a minimum of 50 fire scenes each year?
Y (Y/N).
3. Has your agency reviewed the ATF Canine Program selection criteria document? Y (Y/N).

4. Has your agency reviewed and agreed to the terms outlined in the sample MOA for the ATF ADCP? Y (Y/N).

Application Reviewed By:

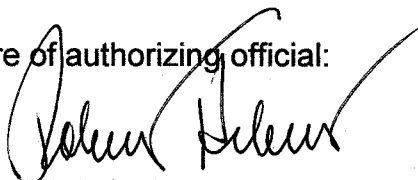


Fort Bend County Fire Marshal Mark Flathouse

2-9-16

Date

Signature of authorizing official:



Fort Bend County Judge Robert Hebert

2-9-16

Date

Return application to:

Larry M. Gochenour, Training Specialist
Bureau of Alcohol, Tobacco and Firearms & Explosives
National Canine Division, Branch II
122 Cavalry Drive
Front Royal, Va. 22630

If you have any questions about this application, please contact:

Larry M. Gochenour, Training Specialist
Phone: (202) 648-6527
Email: larry.gochenour@atf.gov