



**CANINE CERTIFICATION EVALUATION APPLICATION**

**MUST BE TYPED**

PATROL-RELATED

SPECIAL PURPOSE

**SPONSORING AGENCY INFORMATION:**

<b>OPOTC USE ONLY</b>
OPOTC-Assigned
Evaluation Number _____
Approved By _____
Date _____

NAME/TITLE OF REQUESTING OFFICIAL (SHERIFF, CHIEF OR CEO)		AGENCY NAME	COUNTY	
MAILING ADDRESS: NUMBER/STREET		P.O. BOX	CITY	STATE ZIP CODE
AGENCY PHONE NUMBER		FAX NUMBER		
DESIGNATED CONTACT PERSON	DAYTIME PHONE/CELL PHONE	EMAIL		
SIGNATURE OF REQUESTING OFFICIAL (ORIGINAL SIGNATURES ONLY/NO STAMPS)		DATE		

**CERTIFICATION EVALUATION INFORMATION:**

DATE OF EVALUATION: \_\_\_\_\_ TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_

LOCATION OF EVALUATION: \_\_\_\_\_  
NUMBER/BLDG/STREET CITY

EVALUATOR(S) (More than one evaluator is optional):

1) \_\_\_\_\_

NAME	OPOTC EVALUATOR #	EXPIRATION DATE
NUMBER/STREET	CITY	STATE ZIP CODE
DAYTIME PHONE NUMBER	FAX NUMBER	CELL PHONE

2) \_\_\_\_\_

NAME	OPOTC EVALUATOR #	EXPIRATION DATE
NUMBER/STREET	CITY	STATE ZIP CODE
DAYTIME PHONE NUMBER	FAX NUMBER	CELL PHONE

3) \_\_\_\_\_

NAME	OPOTC EVALUATOR #	EXPIRATION DATE
NUMBER/STREET	CITY	STATE ZIP CODE
DAYTIME PHONE NUMBER	FAX NUMBER	CELL PHONE



## PATROL-RELATED CANINE CERTIFICATION EVALUATION RECORD

EVALUATION #: \_\_\_\_\_ EVALUATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(CHECK ONE) INITIAL \_\_\_\_\_ RECERTIFICATION \_\_\_\_\_

<b>OPOTC USE ONLY</b>	<b>CERT #</b> _____
	<b>RENEWAL:</b> _____

PRINT LEGIBLY OR TYPE:

HANDLER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
LAST NAME FIRST NAME MI D.O.B. S.S.N.  
NUMBER/STREET CITY STATE ZIP CODE PHONE NUMBER

EMAIL: \_\_\_\_\_

CANINE: \_\_\_\_\_  
NAME AGE BREED

APPROVED CANINE UNIT  
 TRAINING PROGRAM ATTENDED: \_\_\_\_\_  
NAME TRAINER PHONE NUMBER

For initial evaluation provide a copy of the certificate of completion of the approved canine training or a notarized letter from the trainer or other official representative of the training program. For recertification, attach a copy of the most recent OPOTC evaluation certificate.

SWORN LAW ENFORCEMENT OFFICER AND AGENCY-RECOGNIZED CANINE: \_\_\_yes \_\_\_no

EMPLOYING AGENCY: \_\_\_\_\_  
AGENCY NAME NAME OF SHERIFF/CHIEF/CEO  
NUMBER/STREET CITY STATE ZIP CODE AGENCY PHONE NUMBER

DO NOT WRITE IN SHADED SPACES. ENTER "PASS" OR "FAIL" IN EACH BOX

<b>CRIMINAL APPREHENSION</b>	<b>Fleeing Suspect</b>	<b>Termination w/o Engagement</b>	<b>Handler Protection</b>	<b>Apprehension with Gunfire</b>	<b>Evaluator's Initials</b>
<b>CANINE CONTROL</b>	<b>Social Exposure</b>	<b>Heeling</b>	<b>Distance Control</b>		<b>Evaluator's Initials</b>
<b>CANINE SEARCHES</b>	<b>Building</b>	<b>Area</b>			<b>Evaluator's Initials</b>

SUCCESSFULLY COMPLETED: \_\_\_yes \_\_\_no

(NO STAMPS/ORIGINAL SIGNATURE ONLY)

\_\_\_\_\_  
 EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT)      (\_\_\_\_\_) PHONE NUMBER      \_\_\_\_\_ EVALUATOR'S SIGNATURE/DATE

\_\_\_\_\_  
 EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT)      (\_\_\_\_\_) PHONE NUMBER      \_\_\_\_\_ EVALUATOR'S SIGNATURE/DATE

\_\_\_\_\_  
 EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT)      (\_\_\_\_\_) PHONE NUMBER      \_\_\_\_\_ EVALUATOR'S SIGNATURE/DATE



**PATROL-RELATED CANINE CERTIFICATION EVALUATION  
 FIELD WORKSHEET**

HANDLER NAME: \_\_\_\_\_

CANINE NAME: \_\_\_\_\_

(CHECK ONE) INITIAL \_\_\_\_\_ RECERTIFICATION \_\_\_\_\_

DATE: \_\_\_\_\_

**DO NOT WRITE IN SHADED SPACES**

<b>CRIMINAL APPREHENSION</b>	<b>Fleeing Suspect</b>	<b>Termination w/o Engagement</b>	<b>Handler Protection</b>	<b>Apprehension with Gunfire</b>	<b>Evaluator's Initials</b>
<b>CANINE CONTROL</b>	<b>Social Exposure</b>	<b>Heeling</b>	<b>Distance Control</b>		<b>Evaluator's Initials</b>
<b>CANINE SEARCHES</b>	<b>Building</b>	<b>Area</b>			<b>Evaluator's Initials</b>

**THIS FORM IS TO BE RETAINED BY THE EVALUATOR.**

\_\_\_\_\_  
 EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

\_\_\_\_\_  
 EVALUATOR'S SIGNATURE

\_\_\_\_\_  
 EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

\_\_\_\_\_  
 EVALUATOR'S SIGNATURE

\_\_\_\_\_  
 EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

\_\_\_\_\_  
 EVALUATOR'S SIGNATURE



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## CANINE UNIT ENROLLMENT LIST

**SPONSORING AGENCY:** \_\_\_\_\_

**EVALUATION NUMBER:** \_\_\_\_\_

**EVALUATION DATE:** \_\_\_\_\_

(NAMES OF HANDLER/CANINE)  
**PRINT LEGIBLY**

(AGENCY NAME)

- |           |       |
|-----------|-------|
| 1) _____  | _____ |
| 2) _____  | _____ |
| 3) _____  | _____ |
| 4) _____  | _____ |
| 5) _____  | _____ |
| 6) _____  | _____ |
| 7) _____  | _____ |
| 8) _____  | _____ |
| 9) _____  | _____ |
| 10) _____ | _____ |
| 11) _____ | _____ |
| 12) _____ | _____ |
| 13) _____ | _____ |
| 14) _____ | _____ |
| 15) _____ | _____ |

\_\_\_\_\_  
SIGNATURE OF EVALUATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EVALUATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EVALUATOR

\_\_\_\_\_  
DATE



# MIKE DeWINE

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740-845-2700  
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P.O. Box 309  
London, Ohio 43140  
www.OhioAttorneyGeneral.gov

## SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION FIELD WORKSHEET

HANDLER NAME: \_\_\_\_\_ CANINE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ (CHECK ONE) INITIAL \_\_\_\_\_ RECERTIFICATION \_\_\_\_\_

Do Not Write In Shaded Spaces	HIDE #1	HIDE #2	HIDE #3	HIDE #4	HIDE #5	SUCCESSFUL COMPLETION	EVALUATOR'S INITIALS
<b>NARCOTIC DETECTION</b>							
1. Cocaine & Derivative - Vehicle							
2. Cocaine & Derivative - Building							
3. Heroin & Derivative - Vehicle							
4. Heroin & Derivative - Building							
5. Marijuana & Derivative - Vehicle							
6. Marijuana & Derivative - Building							
7. Methamphetamine & Derivative - Vehicle							
8. Methamphetamine & Derivative - Building							
<b>BOMBS &amp; EXPLOSIVES</b> - Vehicles (Must total 7 scents)							
- Rooms							
<b>ARTICLE SEARCH</b>							
<b>TRACKING</b>							

**THIS FORM IS TO BE RETAINED BY THE EVALUATOR.**

\_\_\_\_\_  
EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

\_\_\_\_\_  
EVALUATOR'S SIGNATURE

\_\_\_\_\_  
EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

\_\_\_\_\_  
EVALUATOR'S SIGNATURE

\_\_\_\_\_  
EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

\_\_\_\_\_  
EVALUATOR'S SIGNATURE



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## SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION RECORD

EVALUATION #: \_\_\_\_\_ EVALUATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(CHECK ONE) INITIAL \_\_\_\_ RECERTIFICATION \_\_\_\_ AMENDMENT \_\_\_\_

<b>OPOTC USE ONLY</b>	CERT # _____
	RENEWAL: _____

PRINT LEGIBLY OR TYPE:

HANDLER: \_\_\_\_\_  
LAST NAME FIRST NAME MI D.O.B. S.S.N.

MAILING ADDRESS: \_\_\_\_\_  
NUMBER/STREET CITY STATE ZIP CODE (\_\_\_\_) PHONE NUMBER

EMAIL: \_\_\_\_\_

CANINE: \_\_\_\_\_  
NAME AGE BREED

APPROVED CANINE UNIT  
TRAINING PROGRAM ATTENDED: \_\_\_\_\_ (\_\_\_\_)  
NAME TRAINER PHONE NUMBER

For initial evaluation provide a copy of the certificate of completion of the approved canine training or a notarized letter from the trainer or other official representative of the training program. For recertification, attach a copy of the most recent OPOTC evaluation certificate.

SWORN LAW ENFORCEMENT OFFICER AND AGENCY-RECOGNIZED CANINE: \_\_\_yes \_\_\_no

EMPLOYING AGENCY: \_\_\_\_\_  
AGENCY NAME NAME OF SHERIFF/CHIEF/CEO  
NUMBER/STREET CITY STATE ZIP CODE (\_\_\_\_) AGENCY PHONE NUMBER

ENTER "PASS" OR "FAIL" IN EACH BOX

Do Not Write In Shaded Spaces	HIDE	HIDE	HIDE	HIDE	HIDE	SUCCESSFUL COMPLETION	EVALUATOR'S INITIALS
	#1	#2	#3	#4	#5		
<b>NARCOTIC DETECTION</b>							
1. Cocaine & Derivative - Vehicle							
2. Cocaine & Derivative - Building							
3. Heroin & Derivative - Vehicle							
4. Heroin & Derivative - Building							
5. Marijuana & Derivative - Vehicle							
6. Marijuana & Derivative - Building							
7. Methamphetamine & Derivative - Vehicle							
8. Methamphetamine & Derivative - Building							
<b>BOMBS &amp; EXPLOSIVES</b> (Must total 7 scents)							
- Vehicles							
- Rooms							
<b>ARTICLE SEARCH</b>							
<b>TRACKING</b>							

(NO STAMPS/ORIGINAL SIGNATURE ONLY)

\_\_\_\_\_  
EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) (\_\_\_\_) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE

\_\_\_\_\_  
EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) (\_\_\_\_) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE

\_\_\_\_\_  
EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) (\_\_\_\_) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE

\_\_\_\_\_  
(DATE)

Executive Director  
Ohio Peace Officer Training Commission  
P.O. Box 309  
London, Ohio 43140

RE: Evaluation # \_\_\_\_\_

Sponsoring Agency Name:  
\_\_\_\_\_

Evaluation Date(s):  
From \_\_\_\_\_ to \_\_\_\_\_

Dear Executive Director,

I/we, as the evaluator(s) for the above-cited Canine Certification Evaluation, do hereby attest that the canine units being recommended for certification, as represented on the attached Evaluation Records, have passed the minimum standards for certification, as required by the Ohio Administrative Code, and have proven their proficiency in performing all of the Student Performance Objectives. Further, the affixing of my/our signature(s) below shall stand as testimony that the evaluation was conducted in compliance with the rules of the Ohio Administrative Code and the standards of the Ohio Peace Officer Training Commission and that all records submitted herewith are true and accurate reflections of the results of the canine certification evaluation. I/we acknowledge that the submission of falsified records is a criminal violation.

\_\_\_\_\_  
Signature of Evaluator                      Date

\_\_\_\_\_  
Evaluator's name/OPOTC # (Typed)

\_\_\_\_\_  
Signature of Evaluator                      Date

\_\_\_\_\_  
Evaluator's name/OPOTC # (Typed)

\_\_\_\_\_  
Signature of Evaluator                      Date

\_\_\_\_\_  
Evaluator's name/OPOTC # (Typed)



## CANINE BASIC TRAINING PROGRAM APPLICATION FOR OPOTC APPROVAL

Must be typed.

DATE: \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

PHONE: \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_  
(Number/Street) (City) (County) (Zip)

MAILING ADDRESS \_\_\_\_\_  
(if different) (Number/Street) (P.O. Box) (City) (Zip)

CONTACT PERSON \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (\_\_\_\_) \_\_\_\_\_ DAYTIME (if different from facility) (\_\_\_\_) \_\_\_\_\_

CELLULAR (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### PRINCIPAL TRAINER

NAME \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

YEARS AS A: CANINE TRAINER \_\_\_\_\_ CANINE HANDLER \_\_\_\_\_  
\*Please attach a canine-specific resume

MAILING ADDRESS \_\_\_\_\_  
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (\_\_\_\_) \_\_\_\_\_ DAYTIME (if different from facility) (\_\_\_\_) \_\_\_\_\_

CELLULAR (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### ADDITIONAL TRAINER

NAME \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

YEARS AS A: CANINE TRAINER \_\_\_\_\_ CANINE HANDLER \_\_\_\_\_  
\*Please attach a canine-specific resume

MAILING ADDRESS \_\_\_\_\_  
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (\_\_\_\_) \_\_\_\_\_ DAYTIME (if different from facility) (\_\_\_\_) \_\_\_\_\_

CELLULAR (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_



<b>SPECIAL-PURPOSE</b>		<b>LIST QUANTITY OF EACH USED</b>	<b>HOURS DEVOTED</b>	<b>OPOTC USE ONLY</b>
Narcotic Detection				
Cocaine & derivatives – building				
Cocaine & derivatives – vehicle				
Heroin & derivatives – building				
Heroin & derivatives – vehicle				
Marijuana & derivatives – building				
Marijuana & derivatives – vehicle				
Methamphetamine & derivatives - building				
Methamphetamine & derivatives - vehicle				
Bomb & Explosive Detection				
Black powder – building				
Black powder – vehicle				
Smokeless powder double-based – building				
Smokeless powder double-based – vehicle				
Dynamite-Nitroglycerine – building				
Dynamite-Nitroglycerine - vehicle				
PETN-based – building				
PETN-based – vehicle				
RDX-based – building				
RDX-based – vehicle				
TNT-based – building				
TNT-based – vehicle				
Ammonium Nitrate-based – building				
Ammonium Nitrate-based – vehicle				
<b>SPECIAL PURPOSE</b>		<b>LIST LENGTH OF TRACK</b>	<b>HOURS DEVOTED</b>	<b>OPOTC USE ONLY</b>
Tracking				
<b>SPECIAL PURPOSE</b>	<b>LIST TYPES OF ARTICLES USED</b>		<b>HOURS DEVOTED</b>	<b>OPOTC USE ONLY</b>
Article Search				
<b>PATROL-RELATED</b>			<b>HOURS DEVOTED</b>	<b>OPOTC USE ONLY</b>
Criminal Apprehension				
Fleeing suspect				
Termination without engagement				
Handler protection				
Apprehension with gunfire				
Canine Control				
Social exposure				
Heeling				
Distance control				
Canine Searches				
Building searches				
Area searches				



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## CANINE EVALUATOR APPLICATION

- PATROL-RELATED
- SPECIAL PURPOSE

### MUST BE TYPED

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ I am currently a sworn peace officer. \_\_\_\_no \_\_\_\_yes

Home Address \_\_\_\_\_  
#/Street/P.O. Box City County Zip Code

Work Address \_\_\_\_\_  
#/Street/P.O. Box City Zip Code

Phone: Residence (\_\_\_\_) \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

- At times we receive requests for information on evaluators approved to conduct evaluations. By checking this box, you are authorizing OPOTC staff to release information about your evaluator certification which would allow others to contact you in their efforts to find an evaluator.

**I. FULL-TIME LAW ENFORCEMENT EXPERIENCE:** Total number of years: \_\_\_\_\_  
(starting with most recent; five years required)

<u>Employer Name and Address</u>	<u>Position(s)</u>	<u>Employment Dates</u>
_____	_____	From ____/____/____ To ____/____/____
_____	_____	From ____/____/____ To ____/____/____
_____	_____	From ____/____/____ To ____/____/____

### II. CANINE EXPERIENCE AND TRAINING:

Number of years as a: PATROL RELATED: handler \_\_\_\_ trainer: \_\_\_\_ SPECIAL PURPOSE: handler \_\_\_\_ trainer: \_\_\_\_

Dates as canine handler within the last five years \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

Dates as canine trainer within the last five years \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

Canine Training Programs Attended:

Name	Type	Date Completed
#/Street/P.O. Box	City	State Zip Code Phone Number

Name	Type	Date Completed	Trainer
#/Street/P.O. Box	City	State Zip Code Phone Number	

III. EVALUATOR TRAINING COMPLETED

Evaluator Core Course:

Location of Training	Date Completed	Course Number
----------------------	----------------	---------------

Patrol Related Evaluator Course:

Location of Training	Date Completed	Course Number
----------------------	----------------	---------------

Special Purpose Evaluator Course:

Location of Training	Date Completed	Course Number
----------------------	----------------	---------------

Note: It is required that you attach all documentation of training and/or certification.

IV. BACKGROUND INFORMATION

Have you ever been convicted for a crime involving theft, fraud, or deception?  no  yes **\*If yes, attach explanation and documentation**

Do you currently have criminal charges pending against you in any jurisdiction?  no  yes **\*If yes, attach explanation and documentation**

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?  no  yes  
If yes, include a detailed summary.

V. MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature	Date
-----------	------

Subscribed and sworn personally before me by the above-named Affiant, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, in the County of \_\_\_\_\_, and State of Ohio.

Printed name of Notary

Signature of Notary

Date notary commission expires



# MIKE DEWINE

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## CANINE EVALUATOR RENEWAL APPLICATION

Name \_\_\_\_\_  
First Middle Last

SSN \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_  
#/Street/P.O. Box City State Zip Code County

Phone: Residence (\_\_\_\_) \_\_\_\_\_ Daytime (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Evaluator # \_\_\_\_\_ Expiration: \_\_\_\_\_

At times we receive requests for information on evaluators approved to conduct evaluations. By checking this box, you are authorizing OPOTC staff to release information about your evaluator certification which would allow others to contact you in their efforts to find an evaluator.

Ohio Administrative Code, Chapter 109:2-7-04(D) provides that a canine evaluator shall renew their certificate every three (3) years. Requests for renewal should be filed at least **60 days and no more than 90 days** before the expiration of the certificate.

### Renewal requirements shall be as follows:

“Documentation that the evaluator has conducted, within the three year period, at least two separately-numbered examinations in each area for which the evaluator is approved for certification.”

	Evaluation #	Date	Type
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

“Documentation of completion of eighteen hours of additional training in canine-related topics.”

### Please list additional training and attach corresponding certificates received:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?

\_\_\_Yes \_\_\_No If yes, include a detailed summary. \_\_\_\_\_

\_\_\_\_\_

### MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

#### AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, in the County of \_\_\_\_\_, and State of Ohio.

\_\_\_\_\_  
Printed name of Notary

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date notary commission expires

(Seal)





# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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Fax 740-845-2675

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## REQUEST FOR COMPARABLE CANINE UNIT TRAINING ANALYSIS

MUST BE TYPED

\_\_\_\_\_ PATROL-RELATED

\_\_\_\_\_ SPECIAL-PURPOSE

### SPONSORING AGENCY INFORMATION:

\_\_\_\_\_  
NAME/TITLE OF REQUESTING OFFICIAL (SHERIFF, CHIEF OR CEO)    AGENCY NAME    COUNTY

\_\_\_\_\_  
MAILING ADDRESS (NUMBER/STREET)    P.O. BOX    CITY    STATE    ZIP

\_\_\_\_\_  
AGENCY PHONE NUMBER    FAX NUMBER    EMAIL

\_\_\_\_\_  
SIGNATURE OF REQUESTING OFFICIAL (ORIGINAL SIGNATURES ONLY/NO STAMPS)

\_\_\_\_\_  
CANINE HANDLER'S NAME    NAME OF CANINE    AGE    BREED

**SWORN LAW ENFORCEMENT OFFICER AND AGENCY-RECOGNIZED CANINE**     YES     NO

### CANINE TRAINING PROGRAMS ATTENDED:

\_\_\_\_\_  
NAME    TYPE    DATE COMPLETED    TRAINER

\_\_\_\_\_  
ADDRESS    CITY    STATE/ZIP CODE    PHONE NUMBER

**NOTE: IT IS REQUIRED THAT YOU ATTACH ALL DOCUMENTATION OF TRAINING AND/OR CERTIFICATION TO INCLUDE:**

1. COPY OF TRAINER'S LESSON PLAN.
2. A CERTIFICATE OF SUCCESSFUL COMPLETION OF THE TRAINING PROGRAM.
3. A NOTARIZED LETTER OR OFFICIAL TRANSCRIPT FROM THE MASTER TRAINER OR OTHER OFFICIAL REPRESENTATIVE OF THE TRAINING PROGRAM, ATTESTING THAT THE UNIT HAS BEEN TRAINED IN ALL THE AREAS WHICH ARE LISTED IN OAC 109:2-7-03(B)(4) OR (C)(4).