



**DAVE YOST**  
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## **CANINE CERTIFICATION EVALUATION APPLICATION**

*This application is to be submitted 21 calendar days prior to the evaluation date.*

**Must be Typed**

☐ PATROL-RELATED

☐ SPECIAL PURPOSE

### **SPONSORING AGENCY INFORMATION:**

#### **OPOTC USE ONLY**

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 \_\_\_\_\_