



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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**CANINE EVALUATOR RENEWAL APPLICATION**

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

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

Previous Name(s) or Alias \_\_\_\_\_

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. \_\_\_\_\_

Moral turpitude includes any criminal, civil, administrative, employment, or other matter alleging violence, morality, ethics matters and/or sexual misconduct of any sort. Matters of veracity include any criminal, civil, administrative, employment, or other matters alleging theft offenses, falsification of documents, or any other matters where one's honesty has been called into question.

**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

(Seal)

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

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