



## SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION FIELD WORKSHEET

Handler Name (Last, First, Middle): \_\_\_\_\_

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

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

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