



PATROL-RELATED CANINE CERTIFICATION EVALUATION FIELD WORKSHEET

Handler Name (Last, First, Middle): _____

Previous Name(s) or Alias: _____

Canine Name: _____

(Check One) Initial _____ Recertification _____

Date: _____

DO NOT WRITE IN SHADED SPACES

CRIMINAL APPREHENSION	Fleeing Suspect	Termination w/o Engagement	Handler Protection	Maintaining a Neutral Position	Evaluator's Initials
CANINE CONTROL	Social Exposure	Heeling	Distance Control		Evaluator's Initials
CANINE SEARCHES	Building	Area			Evaluator's Initials

THIS FORM IS TO BE RETAINED BY THE EVALUATOR.

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

EVALUATOR'S SIGNATURE

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