



SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION RECORD

Evaluation #: _____ Evaluation Date: _____ Select One:

Handler: _____
Last Name First Name Middle Name D.O.B. S.S.N. (last 5 digits)

Previous Name(s) or Alias: _____ Email: _____

Mailing Address: _____
Number/Street City State Zip Code Phone Number

Canine: _____
Name Age Breed

Approved Canine Unit
Training Program Attended: _____
Training Program 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

Mailing Address: _____
Number/Street City State Zip Code Agency Phone Number

ENTER "P" for PASS OR "F" for FAIL in EACH BOX

NARCOTIC DETECTION		HIDE #1	HIDE #2	HIDE #3	HIDE #4	HIDE #5	SUCCESSFUL COMPLETION	EVALUATOR'S INITIALS
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							
BOMBS & EXPLOSIVES (Must total 8 scents)	Vehicles							
	Rooms							
ARTICLE SEARCH								
TRACKING								

EVALUATOR'S NAME and OPOTC # (TYPE OR PRINT)

EVALUATOR'S SIGNATURE / DATE

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EVALUATOR'S NAME and OPOTC # (TYPE OR PRINT)

EVALUATOR'S SIGNATURE / DATE

OPOTA Use Only

_____ Approved _____ Denied/Failed

Certificate #: _____ Renewal Date: _____ Certification Specialist Initials: _____ Date: _____