



PATROL-RELATED 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 "PASS" OR "FAIL" IN EACH BOX					
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

Successfully Completed: ____ Yes ____ No

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

EVALUATOR'S SIGNATURE/DATE

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EVALUATOR'S SIGNATURE/DATE

OPOTA Use Only

____ Approved ____ Denied/Failed

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