



Canine Certification Evaluation Application

****Must be typed and submitted 21 calendar days prior to the evaluation date.****

- ☐ Patrol-Related
☐ Special Purpose

OPOTC USE ONLY

OPOTA-Assigned Evaluation #: _____

Approved By: _____

Date: _____

SPONSORING AGENCY INFORMATION:

Name & title of requesting official (Sheriff, Chief, CEO or Designee)

Signature of requesting official

Agency Name

Agency Phone #

County

Street Address

City

State

Zip Code

Designated Contact Person

Phone/Cell #

Email Address

CERTIFICATION EVALUATION INFORMATION:

Date of Evaluation: _____ Time: From _____ To _____

Location/Address of Evaluation: _____

EVALUATOR(S) *(more than one evaluator is optional):*

Evaluator Name *Phone #* *OPOTC Evaluator #* *Expiration Date*

Street Address *City* *State* *Zip Code*

Evaluator Name *Phone #* *OPOTC Evaluator #* *Expiration Date*

Street Address *City* *State* *Zip Code*

Evaluator Name *Phone #* *OPOTC Evaluator #* *Expiration Date*

Street Address *City* *State* *Zip Code*