



## PATROL-RELATED CANINE CERTIFICATION EVALUATION RECORD

### OPOTA Use Only

\_\_\_\_\_ Approved \_\_\_\_\_ Denied/Failed

Certificate #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Certification Specialist Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>CRIMINAL APPREHENSION</b>	Fleeing Suspect	Termination w/o Engagement	Canine Control		Evaluator's Initials
<b>CANINE CONTROL</b>	Social Exposure	Heeling	Distance Control	Obedience w/ Gunfire	Evaluator's Initials
<b>CANINE SEARCHES</b>	Building	Open Area			Evaluator's Initials

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

\_\_\_\_\_  
EVALUATOR'S SIGNATURE/DATE

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

\_\_\_\_\_  
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