



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	Vehicle							
2. Cocaine	Building							
3. Heroin	Vehicle							
4. Heroin	Building							
5. Marijuana	Vehicle							
6. Marijuana	Building							
7. Methamphetamine	Vehicle							
8. Methamphetamine	Building							
9. Fentanyl Hydrochloride	Vehicle							
10. Fentanyl Hydrochloride	Building							
BOMBS & EXPLOSIVES (Must total 8 scents)	Vehicles							
	Rooms/Open Area							
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: _____