
Date

Executive Director
Ohio Peace Officer Training Commission
P.O. Box 309
London, Ohio 43140

RE: Evaluation # _____

Sponsoring Agency Name:

Evaluation Date(s):
From _____ to _____

Dear Executive Director,

I/we, as the evaluator(s) for the above-cited Canine Certification Evaluation, do hereby attest that the canine units being recommended for certification, as represented on the attached Evaluation Records, have passed the minimum standards for certification, as required by the Ohio Administrative Code, and have proven their proficiency in performing all of the Student Performance Objectives. Further, the affixing of my/our signature(s) below shall stand as testimony that the evaluation was conducted in compliance with the rules of the Ohio Administrative Code and the standards of the Ohio Peace Officer Training Commission and that all records submitted herewith are true and accurate reflections of the results of the canine certification evaluation. I/we acknowledge that the submission of falsified records is a criminal violation.

Signature of Evaluator

Date

Evaluator's name/OPOTC # (Typed)

Signature of Evaluator

Date

Evaluator's name/OPOTC # (Typed)

Signature of Evaluator

Date

Evaluator's name/OPOTC # (Typed)