



DAVE YOST
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Ohio Peace Officer Training Commission
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REQUEST FOR COMPARABLE CANINE UNIT TRAINING ANALYSIS

MUST BE TYPED

_____ PATROL-RELATED

_____ SPECIAL-PURPOSE

SPONSORING AGENCY INFORMATION:

NAME/TITLE OF REQUESTING OFFICIAL (SHERIFF, CHIEF OR CEO) AGENCY NAME COUNTY

MAILING ADDRESS (NUMBER/STREET) P.O. BOX CITY STATE ZIP

AGENCY PHONE NUMBER FAX NUMBER EMAIL

SIGNATURE OF REQUESTING OFFICIAL (ORIGINAL SIGNATURES ONLY/NO STAMPS)

CANINE HANDLER'S NAME NAME OF CANINE AGE BREED

SWORN LAW ENFORCEMENT OFFICER AND AGENCY-RECOGNIZED CANINE _____ **YES** _____ **NO**

CANINE TRAINING PROGRAMS ATTENDED:

NAME TYPE DATE COMPLETED TRAINER

ADDRESS CITY STATE/ZIP CODE PHONE NUMBER

NOTE: IT IS REQUIRED THAT YOU ATTACH ALL DOCUMENTATION OF TRAINING AND/OR CERTIFICATION TO INCLUDE:

1. COPY OF TRAINER'S LESSON PLAN.
2. A CERTIFICATE OF SUCCESSFUL COMPLETION OF THE TRAINING PROGRAM.
3. A NOTARIZED LETTER OR OFFICIAL TRANSCRIPT FROM THE MASTER TRAINER OR OTHER OFFICIAL REPRESENTATIVE OF THE TRAINING PROGRAM, ATTESTING THAT THE UNIT HAS BEEN TRAINED IN ALL THE AREAS WHICH ARE LISTED IN OAC 109:2-7-03(B)(4) OR (C)(4).