



AMENDMENT REQUEST FOR CANINE EVALUATOR CERTIFICATION

Name: _____
Last First Middle

Previous Name(s) or Alias: _____

Date Of Birth: _____ SSN: _____ Email _____

Department: _____ Daytime Phone: (____) _____ County: _____

Mailing Address: _____
No. & Street City State Zip Code

Current Evaluator Number: _____ Expiration Date: _____

Last Evaluator Conference Attended: _____
Date Location

I request that the following areas be added to my current canine evaluator certification:

Documentation must be attached or application will be returned

Areas	Course Attended/Location	Dates Of Attendance
_____ Patrol-Related	_____	_____
_____ Special Purpose	_____	_____
_____ Tracking	_____	_____
_____ Article Search	_____	_____
_____ Narcotics	_____	_____
_____ Bombs & Explosives	_____	_____

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?
 Yes No If Yes, include a detailed summary.

At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

 Name of Applicant - Printed Signature of Applicant Date

Date of Approval _____