MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

Ohio Peace Officer Training Commission
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CANINE EVALUATOR APPLICATION

☐ **PATROL-RELATED**
☐ **SPECIAL PURPOSE**

MUST BE TYPED

Name _____ _____ _____ Date_____
Last First Middle

DOB: _____ SSN: _____ I am currently a sworn peace officer. _____no _____yes

Home Address _____ _____ _____ _____
#/Street/P.O. Box City County Zip Code

Work Address _____ _____ _____
#/Street/P.O. Box City Zip Code

Phone: Residence (_____)_____ Daytime Phone Number (_____)_____ FAX (_____)_____

Cell (_____)_____ EMAIL:_____

☐ At times we receive requests for information on evaluators approved to conduct evaluations. By checking this box, you are authorizing OPOTC staff to release information about your evaluator certification which would allow others to contact you in heir efforts to find an evaluator.

I. FULL-TIME LAW ENFORCEMENT EXPERIENCE: (starting with most recent; five years required)

Total number of years:_____

Employer Name and Address | Position(s) | Employment Dates

_____ _____ From _____/_____/_____ To _____/_____/_____

_____

_____ _____ From _____/_____/_____ To _____/_____/_____

_____

II. CANINE EXPERIENCE AND TRAINING:

Number of years as a: PATROL RELATED: handler _____trainer: _____ SPECIAL PURPOSE: handler_____trainer: _____

Dates as canine handler within the last five years _____/_____/_____ to _____/_____/_____
mm dd yy mm dd yy

Dates as canine trainer within the last five years _____/_____/_____ to _____/_____/_____
mm dd yy mm dd yy

Canine Training Programs Attended:

_____ _____ _____
Name Type Date Completed

_____ _____ _____ _____(_____)_____
#/Street/P.O. Box City State Zip Code Phone Number

_____ _____ _____ _____
Name Type Date Completed Trainer

_____ _____ _____ _____(_____)_____
#/Street/P.O. Box City State Zip Code Phone Number

III. EVALUATOR TRAINING COMPLETED

Evaluator Core Course:

_____ _____ _____
Location of Training Date Completed Course Number

Patrol Related Evaluator Course:

_____ _____ _____
Location of Training Date Completed Course Number

Special Purpose Evaluator Course:

_____ _____ _____
Location of Training Date Completed Course Number

Note: It is required that you attach all documentation of training and/or certification.

IV. BACKGROUND INFORMATION

Have you ever been convicted for a crime involving theft, fraud, or deception? _____no _____yes

Do you currently have criminal charges pending against you in any jurisdiction? _____no _____yes

***If yes, attach explanation and documentation**

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? _____no _____yes
If yes, include a detailed summary.

_____
_____
_____

V. *MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT*

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

_____ _____
Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____ , 20____ , at _____, in the County of _____, and State of Ohio.

_____
Printed name of Notary

(Seal)

_____
Signature of Notary

_____
Date notary commission expires