



Ohio Peace Officer Training Commission Office 800-346-7682 Fax 740-845-2675

P.O. Box 309 London, OH 43140 www.OhioAttorneyGeneral.gov

CANINE EVALUATOR RENEWAL APPLICATION

Name	Middle	Last		
SSN_				
		Ividi	e Tema	
Mailing				
Address#/Street/P.O. Box	City	State	Zip Code	County
Phone: Residence ()_		Daytime ()		
Cell ()		FAX ()		
Email				
NOTE: This email add	ress will be used for OPOTC/OPOTA bus	siness-related communications	, some of which n	nay be time sensitive.
Evaluator#	Expiration:			
release information about y	sts for information on evaluators approved a valuator certification which would be start 100.2.7.04(D) provides that a conjugate that a conjug	d allow others to contact you	in their efforts to	o find an evaluator.
	pter 109:2-7-04(D) provides that a canimand no more than 90 days before the		r certificate ever	y three (3) years. Requests for renewa
Renewal requirements shal	ll be as follows:			
"Documentation that the evaluat	tor has conducted, within the three year	r period, at least two separate	ly-numbered exa	minations in each area for which the
evaluator is approved for certific	cation."			
Evaluation #	Date	Туре		
1 2		-		
3.				
4.		-		
	of eighteen hours of additional training			
Please list additional traini	ng and attach corresponding cert	tificates received:		
	ated for, disciplined for, terminated include a detailed summary.			
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<u>MUSI</u> AI	PPEAR <u>IN PERSON</u> BEFORE A N		THE FULLOW	ING AFFIDAVII
		AFFIDAVIT		
I declare under the penalty of	of perjury that the information in the	his Application is true and	d correct to the	best of my knowledge.
Signature				
Signature	Date			
	onally before me by the above-nationally before me by the above-national before me by the above-nation			· · · · · · · · · · · · · · · · · · ·
		Printed name of	Notary	_
((Seal)			_
		Signature of No	tary	
		·		_
		Date notary con	nmission expires	