MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

OHIO ATTORNEY GENERAL
PEACE OFFICER TRAINING COMMISSION

Ohio Peace Officer Training Commission
Office 800-346-7682
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P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION RECORD

OPOTC USE ONLY	CERT # _____
	RENEWAL: _____

EVALUATION #: _____ EVALUATION DATE: ____/____/____

(CHECK ONE) INITIAL ___ RECERTIFICATION ___ AMENDMENT ___

PRINT LEGIBLY OR TYPE:

HANDLER: _____ _____ _____ _____ _____
LAST NAME FIRST NAME MI D.O.B. S.S.N.

MAILING ADDRESS: _____ _____ _____ _____ (_____)_____
NUMBER/STREET CITY STATE ZIP CODE PHONE NUMBER

EMAIL: _____

CANINE: _____ _____ _____
NAME AGE BREED

APPROVED CANINE UNIT
TRAINING PROGRAM ATTENDED: _____ _____ (_____)_____
NAME TRAINER PHONE NUMBER

For initial evaluation provide a copy of the certificate of completion of the approved canine training or a notarized letter from the trainer or other official representative of the training program. For recertification, attach a copy of the most recent OPOTC evaluation certificate.

SWORN LAW ENFORCEMENT OFFICER AND AGENCY-RECOGNIZED CANINE: ___yes ___no

EMPLOYING AGENCY: _____ _____
AGENCY NAME NAME OF SHERIFF/CHIEF/CEO

_____ _____ _____ _____ (_____)_____
NUMBER/STREET CITY STATE ZIP CODE AGENCY PHONE NUMBER

ENTER "PASS" OR "FAIL" IN EACH BOX

Do Not Write In Shaded Spaces	**HIDE #1**	**HIDE #2**	**HIDE #3**	**HIDE #4**	**HIDE #5**	**SUCCESSFUL COMPLETION**	**EVALUATOR'S INITIALS**
NARCOTIC DETECTION							
1. **Cocaine & Derivative - Vehicle**							
2. Cocaine & Derivative - Building							
3. **Heroin & Derivative - Vehicle**							
4. Heroin & Derivative - Building							
5. **Marijuana & Derivative - Vehicle**							
6. Marijuana & Derivative - Building							
7. **Methamphetamine & Derivative - Vehicle**							
8. Methamphetamine & Derivative - Building							
BOMBS & EXPLOSIVES - Vehicles							
(Must total 7 scents) - Rooms							
ARTICLE SEARCH							
TRACKING							

(NO STAMPS/ORIGINAL SIGNATURE ONLY)

_____ (___)_____ _____
EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE

_____ (___)_____ _____
EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE

_____ (___)_____ _____
EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE