



CANINE BASIC TRAINING PROGRAM APPLICATION FOR OPOTC APPROVAL

Must be typed.

DATE: _____

SCHOOL NAME _____

PHONE: _____

FACILITY ADDRESS _____
(Number/Street) (City) (County) (Zip)

MAILING ADDRESS _____
(if different) (Number/Street) (P.O. Box) (City) (Zip)

CONTACT PERSON _____ SSN: _____ DOB: _____

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

PRINCIPAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____ CANINE HANDLER _____

*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

ADDITIONAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____ CANINE HANDLER _____

*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

ADDITIONAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____

CANINE HANDLER _____

*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

ADDITIONAL INFORMATION/COMMENTS:

A copy of your lesson plans or description of your training methods must be submitted with this application along with a completed copy/example of the certificates you issue. If you are training canine units in explosives detection please provide a statement attesting that safe indication skills are part of the training.

OPOTC USE ONLY

Date: _____

Certification Officer Initials _____

APPROVED FOR:

- | | |
|---|---|
| <input type="checkbox"/> PATROL-RELATED | <input type="checkbox"/> TRACKING |
| <input type="checkbox"/> NARCOTIC DETECTION | <input type="checkbox"/> ARTICLE SEARCH |
| <input type="checkbox"/> EXPLOSIVES DETECTION | |

SPECIAL-PURPOSE		LIST QUANTITY OF EACH USED	HOURS DEVOTED	OPOTC USE ONLY
Narcotic Detection				
Cocaine & derivatives – building				
Cocaine & derivatives – vehicle				
Heroin & derivatives – building				
Heroin & derivatives – vehicle				
Marijuana & derivatives – building				
Marijuana & derivatives – vehicle				
Methamphetamine & derivatives - building				
Methamphetamine & derivatives - vehicle				
Bomb & Explosive Detection				
Black powder – building				
Black powder – vehicle				
Smokeless powder double-based – building				
Smokeless powder double-based – vehicle				
Dynamite-Nitroglycerine – building				
Dynamite-Nitroglycerine - vehicle				
PETN-based – building				
PETN-based – vehicle				
RDX-based – building				
RDX-based – vehicle				
TNT-based – building				
TNT-based – vehicle				
Ammonium Nitrate-based – building				
Ammonium Nitrate-based – vehicle				
SPECIAL PURPOSE		LIST LENGTH OF TRACK	HOURS DEVOTED	OPOTC USE ONLY
Tracking				
SPECIAL PURPOSE	LIST TYPES OF ARTICLES USED		HOURS DEVOTED	OPOTC USE ONLY
Article Search				
PATROL-RELATED			HOURS DEVOTED	OPOTC USE ONLY
Criminal Apprehension				
Fleeing suspect				
Termination without engagement				
Handler protection				
Apprehension with gunfire				
Canine Control				
Social exposure				
Heeling				
Distance control				
Canine Searches				
Building searches				
Area searches				