



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
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## SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION RECORD

EVALUATION #: \_\_\_\_\_ EVALUATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(CHECK ONE) INITIAL \_\_\_\_ RECERTIFICATION \_\_\_\_ AMENDMENT \_\_\_\_

<b>OPOTC USE ONLY</b>	CERT # _____
	RENEWAL: _____

PRINT LEGIBLY OR TYPE:

Handler: \_\_\_\_\_  
Last Name First Name Middle Name D.O.B. S.S.N.

Previous Name(s) or Alias: \_\_\_\_\_

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
<b>NARCOTIC DETECTION</b>							
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							
<b>BOMBS &amp; EXPLOSIVES</b> (Must total 7 scents)							
- Vehicles							
- Rooms							
<b>ARTICLE SEARCH</b>							
<b>TRACKING</b>							

(NO STAMPS/ORIGINAL SIGNATURE ONLY)

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

\_\_\_\_\_  
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