



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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OHIO PEACE OFFICER TRAINING COMMISSION PATROL-RELATED CANINE CERTIFICATION EVALUATION RECORD

OPOTC USE ONLY	CERT # _____
	RENEWAL: ___/___/___

EVALUATION #: _____ EVALUATION DATE: ___/___/___

(CHECK ONE) INITIAL _____ RECERTIFICATION _____

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

DO NOT WRITE IN SHADED SPACES. ENTER "PASS" OR "FAIL" IN EACH BOX

CRIMINAL APPREHENSION	Fleeing Suspect	Termination w/o Engagement	Handler Protection	Apprehension with Gunfire	Evaluator's Initials
CANINE CONTROL	Social Exposure	Heeling	Distance Control		Evaluator's Initials
CANINE SEARCHES	Building	Area			Evaluator's Initials

SUCCESSFULLY COMPLETED: ___ yes ___ no

(NO STAMPS/ORIGINAL SIGNATURE ONLY)

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

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