



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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CANINE CERTIFICATION EVALUATION APPLICATION

MUST BE TYPED

PATROL-RELATED

SPECIAL PURPOSE

SPONSORING AGENCY INFORMATION:

<u>OPOTC USE ONLY</u>
OPOTC-Assigned
Evaluation Number _____
Approved By _____
Date _____

NAME/TITLE OF REQUESTING OFFICIAL (SHERIFF, CHIEF OR CEO)			AGENCY NAME		COUNTY
MAILING ADDRESS	NUMBER/STREET	P.O. BOX	CITY	STATE	ZIP CODE
AGENCY PHONE NUMBER			FAX NUMBER		
DESIGNATED CONTACT PERSON		DAYTIME PHONE/PAGER	EMAIL		
SIGNATURE OF REQUESTING OFFICIAL (ORIGINAL SIGNATURES ONLY/NO STAMPS)				DATE	

CERTIFICATION EVALUATION INFORMATION:

DATE OF EVALUATION: _____ TIME: FROM _____ TO _____

LOCATION OF EVALUATION: _____
NUMBER/BLDG/STREET CITY

EVALUATOR(S) (More than one evaluator is optional):

- | | | |
|----------------------|-------------------|-----------------|
| NAME | OPOTC EVALUATOR # | EXPIRATION DATE |
| NUMBER/STREET | CITY | STATE ZIP CODE |
| DAYTIME PHONE NUMBER | FAX NUMBER | PAGER |
- | | | |
|----------------------|-------------------|-----------------|
| NAME | OPOTC EVALUATOR # | EXPIRATION DATE |
| NUMBER/STREET | CITY | STATE ZIP CODE |
| DAYTIME PHONE NUMBER | FAX NUMBER | PAGER |
- | | | |
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