



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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AMENDMENT REQUEST FOR CANINE EVALUATOR CERTIFICATION

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box City State Zip Code

County: _____

Phone: Residence (____) _____ Daytime (____) _____
Cell (____) _____ FAX (____) _____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Agency: _____ Current Evaluator Number: _____ Expiration Date: _____

Last Evaluator Conference Attended: _____
Date Location

I request that the following areas be added to my current canine evaluator certification:

Documentation must be attached or application will be returned.

Areas	Course Attended	Location/Dates Of Attendance
_____ Patrol-Related	_____	_____
_____ Special Purpose	_____	_____
_____ Tracking	_____	_____
_____ Article Search	_____	_____
_____ Narcotics	_____	_____
_____ Bombs & Explosives	_____	_____

At times we receive requests for information on evaluators approved to conduct evaluations. By checking this box, you are authorizing OPOTC staff to release information about your evaluator certification which would allow others to contact you in their efforts to find an evaluator.

Name Of Applicant-Printed Signature Of Applicant Date

FOR OPOTC USE ONLY
Approved By _____
Approval Date _____