

Canine Training Programs Attended:

Name	Type	Date Completed
#/Street/P.O. Box	City	State Zip Code Phone Number ()

Name	Type	Date Completed	Trainer
#/Street/P.O. Box	City	State Zip Code	Phone Number ()

III. EVALUATOR TRAINING COMPLETED

Evaluator Core Course:

Location of Training	Date Completed	Course Number
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Patrol Related Evaluator Course:

Location of Training	Date Completed	Course Number
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Special Purpose Evaluator Course:

Location of Training	Date Completed	Course Number
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Note: It is required that you attach all documentation of training and/or certification.

IV. BACKGROUND INFORMATION

Have you ever been convicted for a crime involving theft, fraud, or deception? [] NO [] YES

Do you currently have criminal charges pending against you in any jurisdiction? [] NO [] YES

***If yes, attach explanation and documentation**

V. ATTEST

YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC FOR THIS PURPOSE.

I certify the information contained in this Application is true and correct to the best of my knowledge. I understand this Application is made with purpose to secure issuance of an evaluator certificate by a governmental agency. I understand the certification requested may, for good cause shown, be withdrawn, canceled or revoked by the Executive Director of the Ohio Peace Officer Training Commission.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law, by the above named applicant on this the _____ day of _____, 20____ at _____ County of _____ and State of _____.

Signature of Notary _____

(AFFIX SEAL)

Title _____

Commission Expiration _____