



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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CANINE BASIC TRAINING PROGRAM APPLICATION FOR OPOTC APPROVAL

Must be typed.

DATE: _____

SCHOOL NAME _____

PHONE _____

FACILITY ADDRESS _____
(Number/Street) (City) (County) (Zip)

MAILING ADDRESS _____
(if different) (Number/Street) (P.O. Box) (City) (Zip)

CONTACT PERSON _____ **SSN:** _____ **DOB:** _____

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: **FACILITY** (____) _____ **PAGER** (____) _____

CELLULAR (____) _____ **FAX** (____) _____

DAYTIME (if different from facility) (____) _____

E-MAIL ADDRESS _____

PRINCIPAL TRAINER

NAME _____ **SSN:** _____ **DOB:** _____

YEARS AS A: **CANINE TRAINER** _____

CANINE HANDLER _____

*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: **FACILITY** (____) _____ **PAGER** (____) _____

CELLULAR (____) _____ **FAX** (____) _____

DAYTIME (if different from facility) (____) _____

E-MAIL ADDRESS _____

ADDITIONAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____ CANINE HANDLER _____
*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ PAGER (____) _____

CELLULAR (____) _____ FAX (____) _____

DAYTIME (if different from facility) (____) _____

E-MAIL ADDRESS _____

ADDITIONAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____ CANINE HANDLER _____
*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ PAGER (____) _____

CELLULAR (____) _____ FAX (____) _____

DAYTIME (if different from facility) (____) _____

E-MAIL ADDRESS _____

ADDITIONAL INFORMATION/COMMENTS:

PATROL-RELATED		HOURS DEVOTED	OPOTC USE ONLY
Criminal Apprehension			
Fleeing suspect			
Termination without engagement			
Handler Protection			
Apprehension with gunfire			
Canine Control			
Social exposure			
Heeling			
Distance control			
Canine Searches			
Building searches			
Area searches			
SPECIAL-PURPOSE	LIST QUANTITY OF EACH USED	HOURS DEVOTED	OPOTC USE ONLY
Narcotic Detection			
Cocaine & derivatives – building			
Cocaine & derivatives – vehicle			
Heroin & derivatives – building			
Heroin & derivatives – vehicle			
Marijuana & derivatives – building			
Marijuana & derivatives – vehicle			
Methamphetamine & derivatives - building			
Methamphetamine & derivatives - vehicle			
Bomb & Explosive Detection			
Black powder – building			
Black powder – vehicle			
Smokeless powder double-based – building			
Smokeless powder double-based – vehicle			
Dynamite-Nitroglycerine – building			
Dynamite-Nitroglycerine - vehicle			
PETN-based – building			
PETN-based – vehicle			
RDX-based – building			
RDX-based – vehicle			
TNT-based – building			
TNT-based – vehicle			
Ammonium Nitrate-based – building			
Ammonium Nitrate-based – vehicle			
SPECIAL PURPOSE	LIST LENGTH OF TRACK	HOURS DEVOTED	OPOTC USE ONLY
Tracking			
SPECIAL PURPOSE	LIST TYPES OF ARTICLES USED	HOURS DEVOTED	OPOTC USE ONLY
Article Search			
OPOTC USE ONLY	APPROVED FOR:	<input type="checkbox"/> PATROL-RELATED	<input type="checkbox"/> TRACKING
Date: _____		<input type="checkbox"/> NARCOTIC DETECTION	<input type="checkbox"/> ARTICLE SEARCH
Certification Officer Initials _____		<input type="checkbox"/> EXPLOSIVES DETECTION	

A copy of your lesson plans or description of your training methods must be submitted with this application along with a voided copy/example of the certificates you issue. If you are training canine units in explosives detection please provide a statement attesting that safe indication skills are part of the training.