



## CANINE EVALUATOR RENEWAL APPLICATION

**Must be typed**

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.

Evaluator # \_\_\_\_\_ Expiration: \_\_\_\_\_

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.

Ohio Administrative Code, Chapter 109:2-7-04(D) provides that a canine evaluator shall renew his/her certificate every three (3) years. Requests for renewal should be filed at least **60 days and no more than 90 days** before the expiration of the certificate.

**Renewal requirements shall be as follows:**

“Documentation that the evaluator has conducted, within the three year period, at least two separately-numbered examinations in each area for which the evaluator is approved for certification.”

	Evaluation #	Date	Type
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

“Documentation of completion of eighteen hours of additional training in canine-related topics.”

**Please list additional training and attach corresponding certificates received:**

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that this application is made with the purpose to secure issuance of certification by a governmental agency. I understand the certification requested may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

**YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.**

SIGNATURE OF APPLICANT \_\_\_\_\_

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_ at \_\_\_\_\_ County of \_\_\_\_\_ and State of \_\_\_\_\_.

Signature of Official \_\_\_\_\_

(Seal)

Official Title \_\_\_\_\_