



# MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
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## OHIO PEACE OFFICER TRAINING COMMISSION SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION RECORD

<b>OPOTC USE ONLY</b>	CERT # _____
	RENEWAL: ___/___/___

EVALUATION #: \_\_\_\_\_ EVALUATION DATE: \_\_\_/\_\_\_/\_\_\_

(CHECK ONE) INITIAL \_\_\_ RECERTIFICATION \_\_\_ AMENDMENT \_\_\_

PRINT LEGIBLY OR TYPE:

HANDLER: \_\_\_\_\_  
LAST NAME FIRST NAME MI D.O.B. S.S.N.

MAILING ADDRESS: \_\_\_\_\_  
NUMBER/STREET CITY STATE ZIP CODE PHONE NUMBER

EMAIL: \_\_\_\_\_

CANINE: \_\_\_\_\_  
NAME AGE BREED

APPROVED CANINE UNIT  
TRAINING PROGRAM ATTENDED: \_\_\_\_\_  
NAME TRAINER PHONE NUMBER

For initial evaluation provide a copy of the certificate of completion of the approved canine training or a notarized letter from the trainer or other official representative of the training program. For recertification, attach a copy of the most recent OPOTC evaluation certificate.

SWORN LAW ENFORCEMENT OFFICER AND AGENCY-RECOGNIZED CANINE: \_\_\_yes \_\_\_no

EMPLOYING AGENCY: \_\_\_\_\_  
AGENCY NAME NAME OF SHERIFF/CHIEF/CEO  
NUMBER/STREET CITY STATE ZIP CODE AGENCY PHONE NUMBER

ENTER "PASS" OR "FAIL" IN EACH BOX

Do Not Write In Shaded Spaces	HIDE #1	HIDE #2	HIDE #3	HIDE #4	HIDE #5	SUCCESSFUL COMPLETION	EVALUATOR'S INITIALS
<b>NARCOTIC DETECTION</b>							
1. Cocaine & Derivative - Vehicle							
2. Cocaine & Derivative - Building							
3. Heroin & Derivative - Vehicle							
4. Heroin & Derivative - Building							
5. Marijuana & Derivative - Vehicle							
6. Marijuana & Derivative - Building							
7. Methamphetamine & Derivative - Vehicle							
8. Methamphetamine & Derivative - Building							
<b>BOMBS &amp; EXPLOSIVES - Vehicles</b>							
<b>(Must total 7 scents) - Rooms</b>							
<b>ARTICLE SEARCH</b>							
<b>TRACKING</b>							

(NO STAMPS/ORIGINAL SIGNATURE ONLY)

\_\_\_\_\_  
EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE

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EVALUATOR'S NAME/OPOTC # (TYPE OR PRINT) PHONE NUMBER EVALUATOR'S SIGNATURE/DATE

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