



## Canine Certification Evaluation Application

**\*\*Must be typed and submitted 21 calendar days prior to the evaluation date.\*\***

- ☐ Patrol-Related  
☐ Special Purpose

### SPONSORING AGENCY INFORMATION:

\_\_\_\_\_  
Name/title of requesting official (Sheriff, Chief, CEO or Designee)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Phone #

\_\_\_\_\_  
County

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Designated Contact Person

\_\_\_\_\_  
Phone/Cell #

\_\_\_\_\_  
Email Address

### CERTIFICATION EVALUATION INFORMATION:

Date of Evaluation: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Location/Address of Evaluation: \_\_\_\_\_

### EVALUATOR(S) (more than one evaluator is optional):

\_\_\_\_\_  
**Evaluator Name**

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
OPOTC Evaluator #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**Evaluator Name**

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
OPOTC Evaluator #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**Evaluator Name**

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
OPOTC Evaluator #

\_\_\_\_\_  
Expiration Date

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State

\_\_\_\_\_  
Zip Code