



## SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION RECORD

Evaluation #: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_ Select One:

Handler: \_\_\_\_\_  
Last Name First Name Middle Name D.O.B. S.S.N. (last 5 digits)

Previous Name(s) or Alias: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number/Street City State Zip Code Phone Number

Canine: \_\_\_\_\_  
Name Age Breed

Approved Canine Unit  
Training Program Attended: \_\_\_\_\_  
Training Program 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

Mailing Address: \_\_\_\_\_  
Number/Street City State Zip Code Agency Phone Number

ENTER "P" for PASS OR "F" for FAIL in EACH BOX

NARCOTIC DETECTION		HIDE #1	HIDE #2	HIDE #3	HIDE #4	HIDE #5	SUCCESSFUL COMPLETION	EVALUATOR'S INITIALS
1. Cocaine & Derivative	Vehicle							
2. Cocaine & Derivative	Building							
3. Heroin & Derivative	Vehicle							
4. Heroin & Derivative	Building							
5. Methamphetamine & Derivative	Vehicle							
6. Methamphetamine & Derivative	Building							
BOMBS & EXPLOSIVES (Must total 8 scents)	Vehicles							
	Rooms							
ARTICLE SEARCH								
TRACKING								

\_\_\_\_\_  
EVALUATOR'S NAME and OPOTC # (TYPE OR PRINT)

\_\_\_\_\_  
EVALUATOR'S SIGNATURE / DATE

\_\_\_\_\_  
EVALUATOR'S NAME and OPOTC # (TYPE OR PRINT)

\_\_\_\_\_  
EVALUATOR'S SIGNATURE / DATE

\_\_\_\_\_  
EVALUATOR'S NAME and OPOTC # (TYPE OR PRINT)

\_\_\_\_\_  
EVALUATOR'S SIGNATURE / DATE

### OPOTA Use Only

\_\_\_\_\_ Approved \_\_\_\_\_ Denied/Failed

Certificate #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Certification Specialist Initials: \_\_\_\_\_ Date: \_\_\_\_\_