



Ohio Peace Officer Training Commission  
Office 800-346-7682

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## PATROL-RELATED CANINE CERTIFICATION EVALUATION RECORD

### OPOTA Use Only

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

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

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 "PASS" OR "FAIL" IN EACH BOX

|                              |                 |                            |                  |                      |                      |
|------------------------------|-----------------|----------------------------|------------------|----------------------|----------------------|
| <b>CRIMINAL APPREHENSION</b> | Fleeing Suspect | Termination w/o Engagement | Canine Control   |                      | Evaluator's Initials |
| <b>CANINE CONTROL</b>        | Social Exposure | Heeling                    | Distance Control | Obedience w/ Gunfire | Evaluator's Initials |
| <b>CANINE SEARCHES</b>       | Building        | Open Area                  |                  |                      | Evaluator's Initials |

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

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

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

\_\_\_\_\_  
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