



DAVE YOST
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PATROL-RELATED CANINE CERTIFICATION EVALUATION FIELD WORKSHEET

Handler Name (Last, First, Middle): _____

Previous Name(s) or Alias: _____

Canine Name: _____ Date: _____

(Check One) Initial Recertification

ENTER PASS OR FAIL IN EACH BOX. DO NOT WRITE IN SHADED SPACES.

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

THIS FORM IS TO BE RETAINED BY THE EVALUATOR.

EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

EVALUATOR'S SIGNATURE

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