



Ohio Peace Officer Training Commission
Office 800-346-7682

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

CANINE BASIC TRAINING PROGRAM APPLICATION FOR OPOTC APPROVAL

Must be typed.

DATE: _____

SCHOOL NAME _____

PHONE: _____

FACILITY ADDRESS _____
(Number/Street) (City) (County) (Zip)

MAILING ADDRESS _____
(if different) (Number/Street) (P.O. Box) (City) (Zip)

CONTACT PERSON _____ SSN: _____ DOB: _____

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

PRINCIPAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____ CANINE HANDLER _____
*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

ADDITIONAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____ CANINE HANDLER _____
*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

ADDITIONAL TRAINER

NAME _____ SSN: _____ DOB: _____

YEARS AS A: CANINE TRAINER _____

CANINE HANDLER _____

*Please attach a canine-specific resume

MAILING ADDRESS _____
(Number/Street) (P.O. Box) (City) (Zip)

PHONE: FACILITY (____) _____ DAYTIME (if different from facility) (____) _____

CELLULAR (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

ADDITIONAL INFORMATION/COMMENTS:

A copy of your lesson plans or description of your training methods must be submitted with this application along with a completed copy/example of the certificates you issue. If you are training canine units in explosives detection, please provide a statement attesting that safe indication skills are part of the training.

OPOTC USE ONLY

Date: _____

Certification Officer Initials _____

APPROVED FOR:

- | | |
|---|---|
| <input type="checkbox"/> PATROL-RELATED | <input type="checkbox"/> TRACKING |
| <input type="checkbox"/> NARCOTIC DETECTION | <input type="checkbox"/> ARTICLE SEARCH |
| <input type="checkbox"/> EXPLOSIVES DETECTION | |

SPECIAL-PURPOSE		LIST QUANTITY OF EACH USED	HOURS DEVOTED	OPOTC USE ONLY
Narcotic Detection				
Cocaine – building				
Cocaine – vehicle				
Heroin – building				
Heroin – vehicle				
Marijuana – building				
Marijuana – vehicle				
Methamphetamine – building				
Methamphetamine – vehicle				
Bomb & Explosive Detection				
Black powder – building				
Black powder – vehicle				
Smokeless powder double-based – building				
Smokeless powder double-based – vehicle				
Dynamite-Nitroglycerine – building				
Dynamite-Nitroglycerine - vehicle				
PETN-based – building				
PETN-based – vehicle				
RDX-based – building				
RDX-based – vehicle				
TNT-based – building				
TNT-based – vehicle				
Ammonium Nitrate-based – building				
Ammonium Nitrate-based – vehicle				
Potassium Perchlorate				
SPECIAL PURPOSE		LIST LENGTH OF TRACK	HOURS DEVOTED	OPOTC USE ONLY
Tracking				
SPECIAL PURPOSE	LIST TYPES OF ARTICLES USED		HOURS DEVOTED	OPOTC USE ONLY
Article Search				
PATROL-RELATED			HOURS DEVOTED	OPOTC USE ONLY
Criminal Apprehension				
Fleeing suspect				
Termination without engagement				
Handler protection				
Maintaining a Neutral Position (neutral to gunfire)				
Canine Control				
Social exposure				
Heeling				
Distance control				
Canine Searches				
Building searches				
Area searches				