

Florida Department of

Law Enforcement

## **CANINE TEAM CERTIFICATION APPLICATION**

Incorporated by Reference in Rule 11B-27.013(2)(e), F.A.C. Must Be Renewed Annually by 10/31



CJSTC 70

SECTION I - APPLICANT		
1.	1. Application type: New 🗌 Renewal 🗌 Canine Team Chang	e 🗌
2.	2. Last Four Digits of Handler's Social Security Number:	
3.		
4.	Last 4. Employing Agency:	First MI
5.		
6.		
7.		
10.		Reassigned
	Name of Previous Canine:	Previous Canine's Identification Number:
SECTION II – TRAINING (Initial team certifications only; previously certified teams do not complete this section.)		
11.		
		ved Equivalent Course Canine Team Change
		num 480 hours) (minimum 80 hours)
12.	12. First Instructor's Name:Last	First MI
13.	Last Four Digits of First Instructor's Social Security Number:	
14.	14. Second Instructor's Name:Last	First MI
15.	15. Last Four Digits of Second Instructor's Social Security Number:	16. Date of completed training:
Month Day Year		
47	SECTION III – PERFORMANCE EVALUATION - EVALUATOR	
17.	17. I hereby attest that I administered the performance evaluation of the canine team referenced above on Month Day Year	
EVALUATORS ARE REQUIRED ON ALL APPLICATIONS FOR DOCUMENTATION OF PERFORMANCE EVALUATION.		
18.	FIRST EVALUATOR       23.         18. Evaluator's Name:	SECOND EVALUATOR Evaluator's Name:
19.	19. Last Four Digits of Social Security Number: XXX-XX         24.	Last Four Digits of Social Security Number: XXX-XX
20.	20. Contact Phone Number (include area code): 25.	Contact Phone Number (include area code):
21.	21. Renewal date for approval as a evaluator:       26.	Renewal date for approval as a evaluator:
22.	22. Evaluator's Signature 27.	Evaluator's Signature
	Agency/Training School Affiliation	Agency/Training School Affiliation
SECTION IV ADMINISTRATOR: I hereby certify that the above referenced canine team has complied with the provisions of Section 943 F.S., Rule 11B-27.013, F.A.C., or any policies made applicable thereto.		
28.     29.     30.       Agency Head or Designee's Signature     Agency Head or Designee's Printed Name     Date Signed		
31	31 32	33
FDLE Field Specialist's Signature     Date Signed     Expiration Date		
Crea	Created 1/1/1992 Original – FDLE 1st Copy – Employing Agency 1 of 1	2 <sup>nd</sup> Copy – Applicant 3 <sup>th</sup> Copy– Field Rep 4 <sup>th</sup> Copy - Evaluators