Florida Department of Law Enforcement

Canine Team & Evaluators Certification Procedures Manual

Criminal Justice Standards and Training Commission
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Section One – Canine Team Certification Procedures

A: General Information

Authorization: Rule 11B27.013, F.A.C. requires the Commission to certify canine teams meeting specific certification requirements.

Patrol Canine Team Certification by the Commission is NOT required.

Definitions: For the purpose of this certification, “Patrol Canine Team” shall refer to a certified officer and a specific patrol canine controlled by the handler working together in the performance of law enforcement or correctional duties. This definition does not include canines used by certified officers exclusively for tracking or specific detection, which are excluded from the certification process.

Equivalent Training shall refer to training that was not conducted at or through a Commission-certified Training School.

Prior to submitting a Patrol Canine Team Certification Application, CJSTC form 70, the agency employing the patrol canine team shall collect, verify and maintain all documents establishing compliance with Rule 11B27.013, regardless of where the training takes place.

B: New Patrol Canine Team Certifications

1. Section I: CJSTC Form 70 – Applicant Information

   (a) Item 1 shall be completed by the employing agency with item 1 marked “new”.

   (b) The contact phone number in item 4 can be the handler or canine team supervisor’s number.

   (c) The agency shall assign a canine identification number indicate in item 8, which shall not change for the duration of the team’s certification. A social security number shall not be used.

2. Section II: CJSTC Form 70 – Documentation of Training

   (a) This section is completed for Initial Team Certifications. Previously CJSTC certified teams do not need to fill out this section, even if certification has lapsed.

   (b) Required documentation of training shall include:

   (1) A certificate issued by a Commission-certified training school documenting successful completion of the Commission-approved 400-hour Canine Team Training Course. The name of the training school shall be listed in item 11, and the “Commission-approved course” block shall be checked.

   OR

   (2) Documentation of successful completion of an equivalent training course approved by a Commission-approved evaluator.

   a. If training is NOT completed at a Commission-certified training school, the name of the agency or school delivering the training shall be listed in item 11, and the “approved equivalent course” block shall be checked.
b. Training not registered through a Commission-certified training school is considered equivalent training even if the 400-hour Canine Team Training Course curriculum is used.

3. Section III: Documentation of Proficiency Examination – Evaluator

(a) Items 18 – 28 shall be completed by the Commission-approved evaluators who administered the examination of proficiency to the canine team seeking certification.

(b) One of the evaluators shall not be affiliated with the training school or agency that conducted the initial team training.

(c) One shall not be affiliated with the agency employing the canine team.

(d) A Commission-approved evaluator shall not administer a proficiency examination of a patrol canine assigned to them as a work partner.

4. Section IV: Administrative

(a) Items 29 – 30 shall be completed by the agency head or designee of the agency employing the Canine team seeking certification.

(b) The Commission staff shall review documentation for certification and list the expiration of certification for the Canine team. The certification shall expire on December 31st of the first full year following the initial certification date, and on December 31st of each year thereafter.

SECTION I – APPLICANT

1. APPLICATION TYPE: NEW: [ ] RENEWAL [ ] CANINE TEAM CHANGE [ ]

2. Handler’s Social Security Number (Optional): 123-45-6789

3. Handler’s Name: (Last) Smith, (First) John, (M) J

4. Employing Agency: Florida Town Police Department

5. Contact Phone Number: (321)-321-4567

6. Employing Agency Address: 100 Police Lane, Your Town and zip

7. Canine Name: Snoopy

8. Canine identification Number: K9 - 123

9. Breed: German Shepherd

10. Disposition of previous canine: Retired: [ ] Deceased [ ] Reassigned (new canine team shall submit a request for certification) [ ]

   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. Name of training school or agency delivering training: Local County Sheriff’s Office

   Enter “X” in one of following boxes: Commission-approved Course [ ] Approved Equivalent Course [ ]

12. Instructor’s Name: (Last) Jones, (First) Joe, (M) J

13. Instructor’s Social Security Number (Optional): 098-76-5432

14. Instructor’s Name: (Last) Fudd, (First) Elmer, (M) P

15. Instructor’s Social Security Number (Optional): 321-45-6789

16. Date of completed training: (Month) 05 (Day) 01 (Year) 2006

17. I hereby attest that I have VERIFIED EQUIVALENT Training for the patrol canine team referenced above on the 6th day of June 2006, pursuant with Rule 11B-27.013, F.A.C. Evaluator’s Name: Don S. Handler

   Evaluator’s Signature: _______

SECTION III – PROFICIENCY EXAMINATION – EVALUATOR

18. I hereby attest that I administered the EXAMINATION OF PROFICIENCY of the canine team referenced above on the 01 day of June 2006. TWO EVALUATORS ARE REQUIRED ON ALL APPLICATION FOR DOCUMENTATION OF PROFICIENCY EXAMINATION

<table>
<thead>
<tr>
<th>FIRST EVALUATOR</th>
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<tr>
<td>19. Evaluator’s name: Don S. Handler</td>
<td>24. Evaluator’s name: Rob N. Hood</td>
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<td>20. Social Security Number (Optional): 001-02-0003</td>
<td>25. Social Security Number (Optional): 400-05-6000</td>
</tr>
<tr>
<td>21. Contact Phone Number (include area code): (937) 964-4321</td>
<td>26. Contact Phone Number (include area code): (321)-456-7880</td>
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   Evaluator’s Signature: _______

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.

29. Agency Head’s Signature or Designee: _______

   Commission’s Signature: _______

30. Date Signed: _______

   Expiration Date: _______
**SECTION I – APPLICANT**

1. **APPLICATION TYPE:**
   - NEW: ☒
   - RENEWAL: ☐
   - CANINE TEAM CHANGE: ☐

2. Handler’s Social Security Number (Optional): 123-45-6789

3. Handler’s Name: (Last) Smith, (First) John, (MI) J

4. Employing Agency: Florida Town Police Department

5. Contact Phone Number: (321)-321-4567

6. Employing Agency Address: 100 Police Lane, Your Town and zip

7. Canine Name: Snoopy

8. Canine identification Number: K9 - 123

9. Breed: German Shepherd

10. Disposition of previous canine: Retired: ☐
    - Deceased: ☐
    - Reassigned (new canine team shall submit a request for certification): ☐

   **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. Name of training school or agency delivering training: Florida Certified Training Center (Police Academy)

   Enter "X" in one of following boxes:  Commission-approved Course ☒
   - Approved Equivalent Course ☐

12. Instructor’s Name: (Last) Trainer, (First) Thomas, (MI) T

13. Instructor’s Social Security Number (Optional): 111-22-3333

14. Instructor’s Name: (Last) Friday, (First) Joseph, (MI) P

15. Instructor’s Social Security Number (Optional): 444-55-6666

16. Date of completed training: (Month) 05 (Day) 01 (Year) 2006

17. I hereby attest that I have VERIFIED EQUIVALENT Training for the patrol canine team referenced above on the _____ day of _____ pursuant with Rule 11B-27.013, F.A.C.  Evaluator’s Name: N/A

   **Evaluator’s Signature:**

**SECTION III – PROFICIENCY EXAMINATION – EVALUATOR**

18. I hereby attest that I administered the EXAMINATION OF PROFICIENCY of the canine team referenced above on the 01 day of June 2006.

   TWO EVALUATORS ARE REQUIRED ON ALL APPLICATION FOR DOCUMENTATION OF PROFICIENCY EXAMINATION

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**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.

29. Agency Head’s Signature or Designee

30. Date Signed

Commission’s Signature

Date Signed

Expiration Date

Effective 1/1/1992  Original – FDLE  1st Copy – Employing Agency  2nd Copy – Applicant  3rd Copy – Field Rep  Revised 5-6-2004
C. Equivalent Training Documentation Requirements

1. Documentation and approval of equivalent training.

   (a) Equivalent training shall be reviewed and approved by a Commission-approved evaluator.

   (b) It is the responsibility of the employing agency submitting the Patrol Canine Team Certification application, CJSTC form 70, to provide documentation of equivalent training to the Commission-approved evaluator for review and approval. Documentation should include any certificates, lesson plans, course objectives, and attendance rosters maintained in the training file that will support compliance with this rule requirement.

   (c) The Commission-approved evaluator reviewing the training will attest that the training is equivalent by completing item 17 of section II on the CJSTC 70 form.

2. Previously uncertified handler:

   Canine team training submitted as equivalent to the 400-hour Commission-approved Canine Team Training Course, for a previously uncertified handler must meet the objectives of the 400 hour Commission approved course, regardless of any prior training or certification of the patrol canine.

3. Previously certified handler assigned a new canine:

   A previously certified handler, assigned a new canine must provide documentation that the canine team has met the objectives of the 400-hour Commission approved Canine Team Training Course, with the exception of the administrative block of training, regardless of any prior training or certification of the patrol canine.

D. Renewal of Patrol Canine Team Certifications

A patrol canine team certification shall lapse if not renewed on or before December 31st of each year following the initial certification.

   (a) If the patrol canine team has not changed and the certification has not lapsed, form CJSTC 70 will be completed and submitted with item 1 marked “renewal” to Commission staff for review.

   NOTE: The canine name and identification number listed in item 7 and 8 must be the same listed in the original canine team certification application. (K9-1 is not the same as K-1 or K-91)

   (b) Section II (Training) does not need to be completed for previously certified canine teams, even if their certification has lapsed.

   (c) Section III, Items 18 – 28 shall be completed by the Commission-approved evaluators who administered the examination of proficiency to the canine team seeking certification.

   (1) One of the evaluators shall not be affiliated with the training school or agency that conducted the initial team training.

   (2) One who shall not be affiliated with the agency employing the canine team.

   (3) A Commission-approved evaluator shall not administer a proficiency examination of a patrol canine assigned to them as a work partner.
(d) Section IV – Items 29 – 30 shall be completed by the agency head or designee of the agency employing the Canine team seeking certification.

(e) The Commission staff shall review documentation for certification and list the expiration of certification for the Canine team on the CJSTC 70 form.

E. Renewal of Patrol Canine Team Certifications that have lapsed

If the patrol canine team has not changed but the certification has lapsed, form CJSTC 70 will be completed and submitted to Commission staff for review.

(a) Section I shall be completed by the employing agency with item 1 marked “new”.

NOTE: The canine identification number must be the same number listed in the original canine team certification application. (K9-1 is not the same as K-1 or K-91)

(b) Section II does not need to be completed for previously certified canine teams.

(c) Section III shall be completed by the Commission-approved evaluators who administered the examination of proficiency to the Canine Team seeking renewal of the certification.

(1) One of the evaluators shall not be affiliated with the training school or agency that conducted the initial team training.

(2) One who shall not be affiliated with the agency employing the canine team.

(3) A Commission-approved evaluator shall not administer a proficiency examination of a patrol canine assigned to them as a work partner.

(d) Section IV shall be completed by either a Training Center Director or Agency Administrator or designee.

(e) The Commission staff shall review documentation for certification and list the expiration of certification for the Canine team on the CJSTC 70 form.
SECTION I – APPLICANT

1. APPLICATION TYPE: NEW: ☐ RENEWAL: ☒ CANINE TEAM CHANGE: ☐

2. Handler’s Social Security Number (Optional): 123-45-6789

3. Handler’s Name: (Last) Smith, (First) John, (MI) J

4. Employing Agency: Florida Town Police Department

5. Contact Phone Number: (321)-321-4567

6. Employing Agency Address: 100 Police Lane, Your Town and zip

7. Canine Name: Snoopy

8. Canine identification Number: K9 - 123

9. Breed: German Shepherd

10. Disposition of previous canine: Retired: ☐ Deceased: ☐ Reassigned (new canine team shall submit a request for certification): ☐ Name of Previous Canine: Previous Canine’s Identification Number: 

11. Name of training school or agency delivering training:

   Enter ‘X’ in one of the following boxes: Commission-approved Course ☐ Approved Equivalent Course ☐

12. Instructor’s Name: (Last) _____ (First) _____ (MI) _____

13. Instructor’s Social Security Number (Optional): 

14. Instructor’s Name: (Last) _____ (First) _____ (MI) _____

15. Instructor’s Social Security Number (Optional): 

16. Date of completed training: (Month) ____ (Day) ____ (Year) ____

17. I hereby attest that I have VERIFIED EQUIVALENT Training for the patrol canine team referenced above on the _____ day of _____ pursuant with Rule 11B-27.013, F.A.C. Evaluator’s Name: Evaluator’s Signature: 

SECTION II – TRAINING (Initial Team Certifications Only. Previously certified teams do not complete this section)

SECTION III – PROFICIENCY EXAMINATION – EVALUATOR

18. I hereby attest that I administered the EXAMINATION OF PROFICIENCY of the canine team referenced above on the 01 day of June 2006. TWO EVALUATORS ARE REQUIRED ON ALL APPLICATION FOR DOCUMENTATION OF PROFICIENCY EXAMINATION

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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.

29. Agency Head’s Signature or Designee

30. Date Signed

Commission’s Signature

Date Signed

Expiration Date

Effective 1/1/1992 Original – FDLE 1st Copy – Employing Agency 2nd Copy – Applicant 3rd Copy – Field Rep Revised 5-6-2004
F. Change in Canine Team Assignments

If a commission-certified canine handler or patrol canine ceases to be assigned as part of a canine team by the employing agency the certification shall lapse.

1. If the canine handler has not been assigned a new canine, the employing agency shall submit a written notification on Department letterhead of their termination as a canine team to the Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1499, Tallahassee, FL 32302-1489.

2. If the commission certified handler has been assigned a new patrol canine, the employing agency requesting certification shall submit the CJSTC 70 form and CJSTC 83 for to Commission staff for review for the newly assigned Canine Team.

   (a) Section I of the CJSTC 70 form shall be completed by the employing agency with item 1 marked “new” and “canine team change”

      (1) The agency shall assign a canine identification number indicated in item 8, which shall not change for the duration of the team’s certification. This number should not be the same as the previous canine.

      (2) The disposition of the previous canine shall be indicated in item 10, including the previous canine’s name and Identification number. This information only needs to be reported once on the CJSTC 70 form.

   (b) Section II shall be completed documenting the training information for the new team.

      (1) A previously certified handler, assigned a new canine must provide documentation that the canine team has met the objectives of the 400-hour Commission-approved Canine Team Training Course, with the exception of the administrative block of training, regardless of any prior training or certification of the patrol canine.

      (2) A Commission-approved evaluator must review the training and attest that it meets the objectives of the 400-hour Commission-approved Canine Team Training Course, with the exception of the administrative block of training.

   (c) Section III shall be completed by the Commission-approved evaluators who administered the examination of proficiency to the Canine Team seeking certification.

   (d) Section IV shall be completed by either a Training Center Director or Agency Administrator or designee.

   (e) The Commission staff shall review documentation for certification and list the expiration of certification for the Canine team on the CJSTC 70 form

3. If a previously uncertified canine handler has been assigned a previously certified patrol canine, the employing regency requesting certification shall follow the same rules and procedures for certification of a new canine team. (See Section B of these procedures)

   The agency may assign a new canine identification number for the previously certified canine indicated on section I, item 8 of form CJSTC 70. This number shall not change for the duration of the new team’s certification.
PATROL CANINE TEAM
CERTIFICATION APPLICATION
Incorporated by Reference in Rule 11B-27.013(2), F.A.C.
Must Be Renewed Annually by 12/31

SECTION I – APPLICANT

1. APPLICATION TYPE: NEW: ☒ RENEWAL ☐ CANINE TEAM CHANGE ☒

2. Handler’s Social Security Number (Optional): 123-45-6789

3. Handler’s Name: (Last) Smith, (First) John, (MI) J

4. Employing Agency: Florida Town Police Department

5. Contact Phone Number: (321)-321-4567

6. Employing Agency Address: 100 Police Lane, Your Town and zip

7. Canine Name: Snoopy

8. Canine identification Number: K9 - 123

9. Breed: German Shepherd

10. Disposition of previous canine: Retired: ☒ Deceased ☐ Reassigned (new canine team shall submit a request for certification) ☐

Name of Previous Canine: Bubba

Previous Canine’s Identification Number: K9-122

SECTION II – TRAINING (Initial Team Certifications Only. Previously certified teams do not complete this section)

11. Name of training school or agency delivering training: Florida Town Police Department

Enter ‘X’ in one of following boxes: Commission-approved Course ☐ Approved Equivalent Course ☒

12. Instructor’s Name: (Last) Jones, (First) Joe, (MI) J

13. Instructor’s Social Security Number (Optional): 098-76-5432

14. Instructor’s Name: (Last) _____, (First) _____ (MI) _____

15. Instructor’s Social Security Number (Optional): _____

16. Date of completed training: (Month) 05 (Day) 01 (Year) 2006

17. I hereby attest that I have VERIFIED EQUIVALENT Training for the patrol canine team referenced above on the 06 day of June 2006, pursuant with Rule 11B-27.013, F.A.C. Evaluator’s Name: Don S. Handler

Evaluator’s Signature: __________

SECTION III – PROFICIENCY EXAMINATION – EVALUATOR

18. I hereby attest that I administered the EXAMINATION OF PROFICIENCY of the canine team referenced above on the 01 day of June 2006.

TWO EVALUATORS ARE REQUIRED ON ALL APPLICATION FOR DOCUMENTATION OF PROFICIENCY EXAMINATION

FIRST EVALUATOR

19. Evaluator’s name: Don S. Handler

20. Social Security Number (Optional): 001-02-0003

21. Contact Phone Number (include area code) (321) 456-4321

22. Renewal date for approval as an evaluator: 11/5/2010

23. ___________________________ Evaluator’s Signature

SECOND EVALUATOR

24. Evaluator’s name: Rob N. Hood

25. Social Security Number (Optional): 400-05-6000

26. Contact Phone Number (include area code) (321) 456-7890

27. Renewal date for approval as an evaluator: 8/20/2008

28. ___________________________ Evaluator’s Signature

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.

29. ___________________________ Agency Head’s Signature or Designee

Commission’s Signature ___________________________ Date Signed __________

30. ___________________________ Date Signed __________ Expiration Date __________

Effective 1/1/1992 Original – FDLE 1st Copy – Employing Agency 2nd Copy – Applicant 3rd Copy – Field Rep Revised 5-6-2004
G. Canine Team Proficiency Examinations

1. The patrol canine team shall successfully complete the Patrol Duty Canine Team Proficiency Examination and Equivalency administered by a minimum of two Commission-approved Canine Team Evaluators and documented on form CJSTC 83.

   (a) One of the evaluators shall not be affiliated with the training school or employing agency that conducted the initial team training and one who shall not be affiliated with the agency employing the canine team.

   (b) A Commission-approved evaluator shall not administer a proficiency examination of a patrol canine assigned to them as a work partner.

   (c) Control of the patrol canine during the proficiency examination shall be demonstrated by utilizing voice and/or hand commands. The use of other controlling devices during this examination is prohibited.

      NOTE: The canine may wear the equipment required by the agency for their daily work assignment during the proficiency examination; however any controlling devices may not be activated or utilized.

2. Failure to successfully complete the proficiency examination

   (a) The patrol canine team must successfully complete each section of the proficiency examination. If a canine team fails to demonstrate proficiency on any topic of the proficiency examination, one re-examination may be given for the specific proficiency topic.

      (1) Remedial training is permitted prior to the re-examination being declared.

      (2) No more than one re-examination is permitted during the entire proficiency examination.

   (b) If a canine team fails to successfully demonstrate proficiency, the team must repeat the block(s) of training outlined in the Commission-approved training course or an approved equivalent training course for the task failed with in the specific topic.

      Example: Topic II Criminal Apprehension
              Task: 2 Recall

      If the Canine team did not recall according to specific requirements on the proficiency examination form and failed this topic, after remediation and a second attempt, the team would be required to complete a block of recall training outlined in the Commission-approved 400-hour Canine Team Training course or an equivalent training course.

   (c) Documentation of the remedial training shall be made available to the Commission-approved evaluator prior to the administration of a subsequent Patrol Duty Canine Team Proficiency Examination.

   (d) The proficiency examination will be completed in its entirety.
Section Two – Evaluator Requirements

A. General Information

Authorization: Rule 11B-27.013(8) F.A.C., requires the Commission to approve Patrol Canine Team Evaluators who meet specific approval requirement.

Definitions: “Patrol Canine Evaluator” shall refer to a person who is authorized by the Commission to administer the Patrol Duty Canine Proficiency Examination to patrol duty canine teams and to attest to the proficiency of the team pursuant to the proficiency examination. The Evaluator is also authorized to determine if training submitted by an agency, requesting certification is equivalent to the Commission-approved 400-hour Canine Team Training Course.

B. Request for New Evaluator Status – Required Documentation

1. A letter of request for approval as a canine team evaluator, submitted to the Florida Department of Law Enforcement, Criminal Justice Professionalism Program, P.O. Box 1489, Tallahassee, FL 32302-1489, ATTN: Bureau Chief of Standards. The letter must include: the evaluator’s full name, social security number complete home address and contact phone number.

2. Documentation of one-year experience as a Commission-certified canine team instructor.
   (a) Documentation may include a copy of the CJSTC Canine Team Instructor certification
   OR
   (b) The ATMS profile showing CJSTC Canine Instructor certification.

3. Verification that the evaluator applicant has trained a minimum of twelve patrol canine teams, who have successfully completed the canine team proficiency examination and have been approved as a Commission certified Canine Team, documented on CJSTC form 70.
   (a) Section II must list the evaluator applicant as the instructor/trainer for the Canine Team applying for certification. No more than two instructors may be listed as the trainer for Canine Teams for purposes of approval as an evaluator.

   NOTE: If the Evaluator applicant trained the Canine Team prior to the CJSTC form 70 having a section for two instructors, documentation of the evaluator applicant’s involvement as a co-trainer may be submitted for consideration. This documentation may included but is not limited to training records verifying the evaluator applicant was the co-trainer of the canine team listed on the CJSTC 70 form.

   (b) Section III must be completed by the Commission-approved evaluators administering the proficiency examination.

   (c) Section IV shall be signed by the Training Center Director, Agency Administrator or designee, attesting to the compliance of Florida Statute and Rule.

   (d) Commission staff will verify the Canine Teams approval as a Commission-certified Canine Team

4. A letter of recommendation for the evaluator applicant from a Training Center Director, or Agency Administrator. SAMPLE 5 – An example of a letter requesting Evaluator Approval
Month, Day, Year

Chief, Bureau of Standards  
Florida Department of Law Enforcement  
Criminal Justice Professionalism Program  
P. O. Box 1489  
Tallahassee, Florida  32302

Dear Chief,

In compliance with F.A.C. Rule 11B27.013 (8) (a) (b) (c) (d), I am requesting approval as a Commission Canine Team Evaluator. I have included the personal information and documentation required for approval.

The required information is needed for approval is as follows:

Name:  
SSN:  
Address:  
Contact Phone Number:  
Law Enforcement Agency: (if applicable)  
Private Canine Training School: (if applicable)

The required documentation needed for approval is as follows:

Documentation establishing a minimum of one-year experience as a Commission certified Canine Team Instructor.

Verification I trained twelve patrol canine teams, who have successfully completed the canine team certification process.

A letter of recommendation from a Training Center Director or Agency Head.

Thank you for your assistance in this matter.

Sincerely,

Your Name
C. Approval of Evaluator Status – Documentation

Upon review of the documents and determination that the evaluator applicant has met the requirements, a letter acknowledging approval by Commission staff shall be forwarded to the evaluator applicant.

D. Expiration of Evaluator Status – Requirements for Renewal

1. New Evaluators: The evaluator approval status shall expire four years following the initial approval date.

2. Previously approved evaluators (prior to the 11/05/2002 rule change): The evaluator approval status shall expire on the first complete four year cycle following the 11/5/2002 rule change found in 11B27.13, F.A.C, which will be November 5, 2006, and every four years there after.

E. Maintenance of Evaluator Status

Prior to the expiration date the evaluator shall:

1. Submit a request for continuance as a commission-approved evaluator to the Florida Department of Law Enforcement, Criminal Justice Professional Program, P.O. Box 1489, Tallahassee, FL 32302-1489, ATTN: Bureau Chief of Standards. The letter shall include:

   (a) The evaluator’s full name, social security number, complete home address, and a contact phone number.

   (b) Documentation that the evaluator has administered a minimum of four canine team proficiency examinations within the last four-year cycle. Acceptable documentation shall be copies of form CJSTC 70.

2. Evaluators who allow their Commission approval status expire shall apply as a new evaluator. SAMPLE 6 – An example of a letter requesting Evaluator Status Renewal
Dear Chief,

In compliance with F.A.C. Rule 11B27.013 (8) (f), I am requesting continuation of my status as a Commission approved Canine Team Evaluator. I have enclosed copies of four CJSTC 70 forms verifying that I have completed the proficiency evaluations of these canine teams.

The required information needed for renewal is as follows:

Name:
SSN:
Address:
Contact Phone Number:
Law Enforcement Agency: (if applicable)
Private Canine Training School: (if applicable)

Thank you for your assistance in this matter.

Sincerely,

Your Name
Appendix – Canine Scent Pack Procedures

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A: General Information

Effective January 1 2007 the Florida Department of Law Enforcement will no longer provide law enforcement agencies within the State of Florida with controlled substances needed for drug scent training of canines.

Narcotics obtained from the Florida Department of Law Enforcement are the responsibility of the agency and must be destroyed by the agency when no longer used.

Narcotics needed for Narcotics Canine Team training may be obtained through the Drug Enforcement Agency.

B. Procedures for Obtaining DEA 223 Registration Certificate. (All entities requesting narcotics must obtain a DEA 223 registration certificate.)

1. Go to the DEA web page, www.deadiversion.usdoj.gov, and click on the applications and on-line forms link. Fill out the DEA-225 form and submit the form on line. Once approved the agency will be mailed a DEA-223 registration certificate and a packet containing DEA-222 forms which are needed to request the narcotics.

2. The DEA-225 form, Section 2 should be marked as "Researcher-Dog" and if the agency is requesting exemption of the yearly fee, Section 6 must be completed. Also, mark the box for Order Forms (Section 3) so that the DEA-222 forms will be sent upon approval of registration.

   Agencies should contact the Miami Division office at (305) 590-4880 or the DEA headquarters at 1-800-862-9539, if there are any questions prior to submitting the form.

3. The DEA-223 registration form is valid one year from approval and should be renewed no later than two months prior to the expiration date. The DEA will mail a notice to the agency advising them of the approaching expiration date; however the responsibility for maintaining the registration belongs to the agency.

   The renewal request may be done on-line at www.deadiversion.usdoj.gov by filling out and submitted a DEA-225a form.
C: Procedures to Obtain Scent Packs

1. Request for controlled substances must be made in writing on agency letterhead with an original signature by the Sheriff, Chief of Police or a person with an equivalent rank.

2. The letter must be addressed to;
   Jeffrey H. Comparin, Laboratory Director
   DEA/Special Testing and Research Laboratory
   22624 Dulles Summit Court
   Dulles, Virginia 20166-9509

3. The letter must include a current contact person and phone number.

4. Include a copy of the current DEA registration form DEA-223.

5. Include an original and completed DEA-222 form in compliance with items list:
   a. No erasures, overwrites, white-out or any form of editing are allowed.
   b. The last line completed block must be completed to indicate the number of drugs being requested.
   c. The request must have the correct suppliers address and date of request.
      (1) DEA Special Testing and Research Laboratory
      22624 Dulles Summit Court
      Dulles, Virginia 20166
   d. Only a designated person with the authority to procure controlled substances can sign the DEA-222 form.

6. Controlled substances can only be mailed to the address on the DEA-222 form and it must a street address, as a signature is required upon receipt of the narcotics.

7. These procedures are to be followed each time a request is submitted.

D: Drugs Available through DEA Scent Pack Program

1. No more than 28 grams of any one drug type may be obtained by any one Law Enforcement Agency. However, greater amounts may be approved if an agency has subunits located at different physical sites. Then each site can be supplied with a 28-g package per drug type.

In order to expedite orders, it is recommended that agencies request quantities of one (1) 28-gram package per drug type.

2. The drug types that are maintained as stockpiles are:
   Cocaine HCL
   Cocaine Base
   Heroin HCL
   Methamphetamine HCL
   MDMA (Ecstasy)
   Marijuana

3. Additional drugs such as hashish and black tar heroin may be available upon request.
E: Replacement Drugs (reorders)

1. Drugs may not be received until 12 months have elapsed since receiving the last order.

2. An agency can not receive replacement materials until the materials received previously have been destroyed.

F. Destruction of Drugs procedure

1. The training aids obtained from DEA will be destroyed by each individual agency according to their own policies for destruction. The aids will not be returned to the DEA.

2. A copy of the completed form, Registrant’s Inventory of Drugs Surrendered (DEA-41), must be submitted to the laboratory at the time the replacement canine training materials are requested. If the materials are needed for training while a new request is being processed, the DEA-41, listing all of the materials to be destroyed, will be submitted with the request (no signature on second page). The request will be processed but will not be sent until the completed (signed) form is received at the DEA (FAX # 703-668-3321)

G: DEA Forms

DEA forms may be obtained either in writing or via the DEA web site. The Web address is www.deadiversion.usdoj.gov.

(a) DEA-041 – Destruction of Controlled Substances
Go to the DEA web address and click on the applications and on-line forms link.

(b) DEA-222 – US Official Order Form Schedules I & II may be ordered by the calling DEA Headquarters Registration Unit at 1-800-882-9539. A request for the forms may also be completed and submitted on line via the DEA web page. Go to the applications and on-line forms link. Scroll down the page and select the “Order Forms (DEA form 222)” link.

(c) DEA-223 – Registration Form may be obtained via the DEA web page. Go to the applications and on-line form link and fill out the DEA-225 form. The DEA-223 registration certificate will be forwarded to the requesting agency once approved.