



Florida Department of Law Enforcement

CANINE TEAM CERTIFICATION APPLICATION

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



CJSTC
70

SECTION I – APPLICANT

- Application type: New Renewal Canine Team Change
- Last Four Digits of Handler's Social Security Number: _____
- Handler's name: _____
Last First MI
- Employing Agency: _____
- Employing Agency Phone Number: _____
- Employing Agency Address: _____
- Canine Name: _____ 8. Canine Identification Number: _____ 9. Breed: _____
- Disposition of previous canine: Retired Deceased 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.)

- Name of training school or agency delivering training: _____
Type of Training Delivered
Canine Team Training Course number 1198 Approved Equivalent Course (minimum 480 hours) Canine Team Change (minimum 80 hours)
- First Instructor's Name: _____
Last First MI
- Last Four Digits of First Instructor's Social Security Number: _____
- Second Instructor's Name: _____
Last First MI
- Last Four Digits of Second Instructor's Social Security Number: _____ 16. Date of completed training: _____
Month Day Year

SECTION III – PERFORMANCE EVALUATION - EVALUATOR

- 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.

FIRST EVALUATOR	SECOND EVALUATOR
18. Evaluator's Name: _____	23. Evaluator's Name: _____
19. Last Four Digits of Social Security Number: XXX-XX-_____	24. Last Four Digits of Social Security Number: XXX-XX-_____
20. Contact Phone Number (include area code): _____	25. Contact Phone Number (include area code): _____
21. Renewal date for approval as a evaluator: _____	26. Renewal date for approval as a evaluator: _____
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.

- Agency Head or Designee's Signature
- Agency Head or Designee's Printed Name
- Date Signed
- FDLE Field Specialist's Signature
- Date Signed
- Expiration Date