



Florida Department of Law Enforcement

CANINE TEAM CERTIFICATION DEFICIENCY NOTIFICATION



CJSTC 270

Incorporated by Reference in Rule 11B-27.013(6)(a), F.A.C.

Handler's Name: \_\_\_\_\_

Handler Social Security Number (last four digits): \_\_\_\_\_

Handler's Home Address: \_\_\_\_\_

Handler's Phone Number: \_\_\_\_\_

Pursuant to Section 943.12(16), F.S., and Chapter 120, F.S., Commission staff inspected your application for canine team certification and found your application to be deficient in the following areas:

Table with 2 columns and 6 rows of deficiency items, each with a checkbox.

Comments: \_\_\_\_\_

A copy of this notice has been provided to the agency administrator or designee at:

Agency: \_\_\_\_\_

Agency Administrator or Designee's Signature

Agency Administrator or Designee's Printed Name

FDLE Field Specialist's Signature

Date Signed

AGENCY AND APPLICANT REQUIREMENTS FOR CANINE TEAM CERTIFICATION

- 1. The documentation noted above shall be received by the Florida Department of Law Enforcement within 90 calendar days of the date signed by the FDLE Field Specialist above. Failure to meet all requirements shall result in denial of your application for canine team certification.
2. The applicant or agency shall submit or fax this form with all required documentation attached: Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489. Fax Number: 850-410-8605.

The applicant shall check the box and sign this form if withdrawing the application.

I withdraw my application for canine team certification due to my inability to comply with statutory requirements.