

THE UNITED STATES POLICE CANINE ASSOCIATION, INC.
APPLICATION FOR TRAINER®™

CURRENT DATE _____ Region or District _____ Level _____ Detector _____ Regional Trainer _____

Name _____ DOB _____
Last First

Address _____
Street City State Zip

E Mail Address _____ Home Telephone _____

Employed By _____
Department Address

Immediate Supervisor _____
Rank / Name Phone Number

Present Position _____ Years in this position _____

Years assigned as Trainer _____ Administrator _____

Total number of dogs trained _____ Specific years trained _____

Dogs trained by you certifying PD I / PDII / Detector Dog
Verifiable by National Records

Handler and Dog's Name _____ Region / Date / Certification Obtained _____

National Judge _____ If Yes judges number _____
Judging Assignment Year Region

Awards and Year Received:

List Seminars and Schools Attended:

Year	School/ Owner	Instructor	Course and Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership Status Regular Associate

Applicant Must Include a Copy of Your Course Curriculum, Certificates, Department letter affirming assignment as the agencies trainer.

Date ___/___/___ Signature of Applicant _____
Attach any other information you feel qualifies you as a USPCA Certified Trainer, ie. Resume, letters of recommendation, etc.

Recommendation of National Certified Judge

Judge's Name / Signature _____

Approved Disapproved Date ___/___/___

Comments _____

Regional Officers Signatures (Two)

1. _____ Date ___/___/___
 Approved Disapproved Abstain

2. _____ Date ___/___/___
 Approved Disapproved Abstain

Applications must be returned by Regional Executive Board to:

1. The National Director gets the original application to serve as the associations file record
2. The Chairman of the Trainers Committee gets a copy and all attachments, Course Curriculum, etc.
3. The submitting region keeps a copy for their records

Received by National Office _____ Sent to Committee _____

Committee Recommendation _____

Trainers Committee Chairman _____

Executive Board Action _____

If for any reason the application is denied, it is the responsibility of the chairman of the Trainers Committee to notify the applicant within 30 days.

Date Applicant Notified _____/_____/_____

Date Certificate Mailed _____/_____/_____

National Secretary Signature _____