

ONE FOR EACH REQUIRED TEAM - COPY AS NEEDED

UNITED STATES POLICE CANINE ASSOCIATION, INC.
K-9 SURVEY VERIFICATION FORM

Officer's Name _____ K-9 _____ Home Phone _____

Department _____ Address _____

- 1. How long has your department had a Patrol Dog Program?
2. How long has your department had a Detector Dog program?
3. Where did you receive your "Basic" patrol/detector training?
4. When did you receive your "Basic" patrol/detector dog training?
5. How long was the course you attended?
6. Who was the instructor for your Patrol/Detector Course (only 1)?
7. Where/who does your in-service training? (only 1)
8. Date you obtained your PDI
9. Where was PDI certification obtained
10. Date you obtained your PD II
11. Where was PDII certification obtained?
12. Date you obtained Detector Dog Certification
13. Where was Detector certification obtained?
14. In-service training, dates (must be a least 2 year period)

REMEMBER TO HAVE THIS DOCUMENT NOTORIZED

I certify that the above information is true and correct:

Name: _____ K-9 Name _____

Signature:: _____ Title: _____

Notary of the Public:

State of _____ County of _____

Signed and sworn to before me this _____ day of _____ 20 _____

Notary of the Public

My commission expires _____ day of _____ 20 _____

Only complete questions that pertain to your application