



*Application for Certification as Handler of
Animal Trained to Detect Explosives*

1. Handler Name: _____
Last First MI

2. Social Security Number: _____ / _____ / _____

3. Agency: _____

_____ *Address City Zip Code*

4. Rank: _____ 5. Date of Birth: _____ / _____ / _____

6. Certification/Registration No.: _____

7. Experience as Animal Handler: _____
Yrs. Mo.

8. Canine Information:

K-9 Name: _____ K-9 Age: _____

K-9 Breed: _____ K-9 Color: _____

9. Name and location of school where Handler and Animal were trained to detect explosives was completed: _____

10. Date training completed: _____ / _____ / _____ 11. Length of course: _____

Attachments

Attach copies of the following documents to this application:

1. Peace Officer/ Firefighter Certification;
2. Certificate of course completion for Handler of Animal Trained to Detect Explosives School;
3. Copy of the training log for the animal.

Application and supporting documents should be mailed to:

Georgia Peace Officer Standards and Training Council
P.O. Box 349
Clarkdale, GA 30111

OVER

Attestation

and

Law Enforcement Unit Verification

Handler of Animal Trained to Detect Explosives Applicant's Attestation

I hereby attest and affirm that the information supplied herein is true to the best of my knowledge.

_____/_____/_____
Applicant's Signature *Date*

Law Enforcement Unit Verification

Name and Address of Employing Law Enforcement Unit

This is to certify that the above named officer is recommended by me for certification as a Handler of Animal Trained to Detect Explosives.

Signature of Agency Head

Date

Printed name

Sworn to and subscribed before me this date.

SEAL

My Commission expires: ____/____/____

Notary Public or Ex. Off. J.P.