



Georgia Peace Officer Standards & Training Council
Application for Certification
Handler of an Animal Trained to Detect Explosives

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Demographic Data – Section I

Handler's Last Name		Social Sec#	
Handler's First Name		Date of Birth (mm/dd/yyyy)	
Handler's Middle Name		Suffix	
Race	Sex		
I have experience as an Animal Handler for (list total years & months)		Years	Months
Handler's E-MAIL ADDRESS		Handler's Phone Number	
Employing Agency			
Agency Street Address			
City:			Njd7cXY

Education – Section II

List the highest level of educational attainment. If you are a GA certified peace officer and your highest level is a high school diploma, you do not need to attach a copy of your diploma. Any diplomas for degrees must be attached.

Highest Level of Education (select one)	Graduation Date of Highest level
College/University/School Name for Highest Level of Education	

Canine Information – Section III

K9 Name	K9 Age
K9 Breed	K9 Color

Handler & Animal Training – Section IV

Name of School where Handler & Animal completed training to detect explosives:		
Location of School (City, State)	Length of Course (# of Hrs)	Date Training/School was Completed

Documentation – Section V

You **must** attach the documents listed below with this application.

- Peace officer or Firefighter Certification
- Course Completion Certificate - Handler of Animal Trained to Detect Explosives School
- Copy of training log for the animal



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Attestation – Section VI

I hereby attest and affirm that the information contained herein is complete, true, and correct to the best of my knowledge.

Signature of Applicant

Date

Supervisor/Employer Attestation – Section VII

I hereby attest & affirm that this application is accurate and this applicant is recommended by me for certification as a Handler of an Animal Trained to Detect Explosives.

Print Title & Name of Agency Representative making request for I.D. Tech Recognition for this applicant.

Signature of Agency Head

Date

NOTARY PUBLIC

Sworn and subscribed before me this date.

Date

SEAL of NOTARY

My commission expires on :

Date

(Signature of NOTARY PUBLIC or
Ex. Off. J.P.)