



Florida Department of
Law Enforcement

CANINE TEAM CERTIFICATION DEFICIENCY NOTIFICATION

Incorporated by Reference in Rule 11B-27.013, F.A.C.



**CJSTC
270**

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:

| | |
|---|--|
| <input type="checkbox"/> Proof of successful completion of the 480-hour Canine Team Training Course number 1198. | <input type="checkbox"/> Agency administrator(s), designee(s), or evaluator(s) did not sign and/or date the Canine Team Certification Application form CJSTC-70. |
| <input type="checkbox"/> Proof of successful completion of an equivalent course verified by a Commission-approved canine team evaluator and documented on the Canine Course Equivalency Checklist form CJSTC-70A. | <input type="checkbox"/> Evaluator(s) did not sign and/or date the Canine Course Equivalency Checklist form CJSTC-70A. |
| <input type="checkbox"/> Proof of successful demonstration of canine team proficiency under the supervision of two canine team evaluators documented on the Canine Team Performance Evaluation form CJSTC-83. | <input type="checkbox"/> Handler (if documenting a failure) or evaluator(s) did not sign and/or date the Canine Team Performance Evaluation form CJSTC-83. |
| | <input type="checkbox"/> For Initial Certification Only. Canine team course completion was not documented on the Canine Team Certification Application form CJSTC-70, Section II. |

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.

| | | |
|--------------------------------|---------------------------------|--|
| _____ Handler's Signature | _____ Handler's Printed Name | _____ Date |
| Created 1/21/1999 | Original – FDLE | 1 st Copy – Agency |
| 2 nd Copy – Handler | 1 of 1 | Commission-Approved Revisions: 8/15/2024 |
| Form Effective Date: 3/2025 | | |