



Florida Department of Law Enforcement

CANINE TEAM CERTIFICATION DEFICIENCY NOTIFICATION APPLICATION



**CJSTC
270**

Incorporated by Reference in Rule 11B-27.013(6)(7)(b), F.A.C.

Applicant's Name: _____

Social Security Number: _____

Applicant's Home Address: _____

Applicants phone number: _____

Pursuant to Section 943.13, F.S., and Chapter 120, F.S., an inspection was conducted of your application for canine team certification filed by Commission staff. Your application was found to be deficient in the following areas:

<input type="checkbox"/> Proof of successful completion of the 480-400 400-hour Canine Team Training Course or an equivalent course approved by a Commission-certified canine team evaluator. <input type="checkbox"/> Proof of successful demonstration of canine team proficiency under the supervision of two canine team evaluators documented on the Patrol Canine Team <u>Performance Evaluation Proficiency Examination</u> form CJSTC-83.	<input type="checkbox"/> Agency administrator(s), designee(s), or evaluator(s) did not sign and/or date the Patrol Canine Team Certification Application form CJSTC-70 or the Patrol Canine Team <u>Performance Evaluation Proficiency Examination</u> form CJSTC-83, certifying that all requirements for canine team certification were met as required. <input type="checkbox"/> For Initial Certification Only. Canine team course completion was not documented on the Patrol Canine Team Certification Application form CJSTC-70.
--	--

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

- The documentation noted above shall be received by the Florida Department of Law Enforcement within 90 calendar days of the above date. Failure to meet all requirements will result in denial of your application for canine team certification.
- The applicant or agency shall submit or fax this form with all required documentation to the 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.

Applicant's Signature Applicant's Printed Name Date