



Florida Department of Law Enforcement

CANINE TEAM CERTIFICATION APPLICATION

Incorporated by Reference in Rule 11B-27.013(2)(e), F.A.C.
Must Be Renewed Annually by 10/31



CJSTC
70

SECTION I – APPLICANT

1. Application type: New Renewal Canine Team Change
2. Last Four Digits of Handler's Social Security Number: _____
3. Handler's name: _____
Last First MI
4. Employing Agency: _____
5. Employing Agency Phone Number: _____
6. Employing Agency Address: _____
7. Canine Name: _____ 8. Canine Identification Number: _____ 9. Breed: _____
10. Disposition of previous canine: Retired Deceased Reassigned
- Name of Previous Canine: _____ Previous Canine's Identification Number: _____

SECTION II – TRAINING (Initial team certifications only; previously certified teams do not complete this section.)

11. Name of training school or agency delivering training: _____
- Type of Training Delivered
 Canine Team Training Course number 1198 Approved Equivalent Course (minimum 480 hours) Canine Team Change (minimum 80 hours)
12. First Instructor's Name: _____
Last First MI
13. First Instructor's Social Security Number: _____
14. Second Instructor's Name: _____
Last First MI
15. Second Instructor's Social Security Number: _____ 16. Date of completed training: _____
Month Day Year

SECTION III – PERFORMANCE EVALUATION - EVALUATOR

17. I hereby attest that I administered the performance evaluation of the canine team referenced above on _____
Month Day Year

EVALUATORS ARE REQUIRED ON ALL APPLICATIONS FOR DOCUMENTATION OF PERFORMANCE EVALUATION.

| FIRST EVALUATOR | SECOND EVALUATOR |
|--|--|
| 18. Evaluator's Name: _____ | 23. Evaluator's Name: _____ |
| 19. Last Four Digits of Social Security Number: XXX-XX-_____ | 24. Last Four Digits of Social Security Number: XXX-XX-_____ |
| 20. Contact Phone Number (include area code): _____ | 25. Contact Phone Number (include area code): _____ |
| 21. Renewal date for approval as a evaluator: _____ | 26. Renewal date for approval as a evaluator: _____ |
| 22. _____ Evaluator's Signature | 27. _____ Evaluator's Signature |
| _____ Agency/Training School Affiliation | _____ Agency/Training School Affiliation |

SECTION IV

ADMINISTRATOR: I hereby certify that the above referenced canine team has complied with the provisions of Section 943 F.S., Rule 11B-27.013, F.A.C., or any policies made applicable thereto.

28. _____ Agency Head or Designee's Signature
 29. _____ Agency Head or Designee's Printed Name
 30. _____ Date Signed
 31. _____ FDLE Field Specialist's Signature
 32. _____ Date Signed
 33. _____ Expiration Date