



Florida Department of Law Enforcement

PATROL CANINE TEAM CERTIFICATION APPLICATION

Incorporated by Reference in Rule 11B-27.013(2), F.A.C.
Must Be Renewed Annually by 10/31 42/34



CJSTC
70

SECTION I – APPLICANT

- Application type: New Renewal Canine Team Change
 - Handler's Social Security Number: _____
 - Handler's name: _____
Last First MI
 - Employing Agency: _____
 - Contact Phone Number: _____
 - Employing Agency Address: _____
 - Canine Name: _____ 8. Canine Identification Number: _____ 9. Breed: _____
 - Disposition of previous canine: Retired Deceased Reassigned
- The new canine team shall submit a request for certification:
- Name of Previous Canine: _____ Previous Canine's Identification Number: _____

SECTION II – TRAINING (Initial Team Certifications only. Previously certified teams do not complete this section)

- Name of training school or agency delivering training: _____
Enter "X" in one of the following boxes: Commission-approved Course Approved Equivalent Course
 - First Instructor's Name _____
Last First MI
 - First Instructor's Social Security Number: _____
 - Second Instructor's Name: _____
Last First MI
 - Second Instructor's Social Security Number: _____ 16. Date of completed training: _____
Month Day Year
17. I hereby attest that I have ~~VERIFIED EQUIVALENT TRAINING~~ for the patrol canine team referenced above on the _____ day of _____ pursuant with Rule 11B-27.013, F.A.C. Evaluator's Printed Name: _____
Signature: _____

SECTION III – PERFORMANCE EVALUATION PROFICIENCY EXAMINATION - EVALUATOR

17. 48 I hereby attest that I administered the ~~PERFORMANCE EVALUATION EXAMINATION OF PROFICIENCY~~ of the canine team referenced above on the _____ day of _____

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

FIRST EVALUATOR	SECOND EVALUATOR
18.19. Evaluator's Name: _____	23.24. Evaluator's Name: _____
19.20. Last Four Digits of Social Security Number: XXX-XX-_____	24.25. Last Four Digits of Social Security Number: XXX-XX-_____
20.24. Contact Phone Number (include area code): _____	25.26. Contact Phone Number (include area code): _____
21.22. Renewal date for approval as a evaluator: _____	26.27. Renewal date for approval as a evaluator: _____
22.23. _____ Evaluator's Signature	27.28. _____ Evaluator's Signature
_____ Agency/Training School Affiliation	_____ Agency/Training School Affiliation



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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.

<u>28.</u> _____	<u>29.</u> _____	<u>30.</u> _____
Agency Head or Designee's Signature	Agency Head or Designee's Printed Name	Date Signed Date Signed
_____	_____	_____
Commission's Signature	Date Signed	Expiration Date

INSTRUCTIONS FOR COMPLETING FORM CJSTC-70

Must Be Renewed Annually by 10/31 ~~12/31~~

Please type or print in black or blue ink and use capital and small letters to write names, titles, and addresses.

~~Documentation of compliance shall be maintained on file at the agency employing the canine team and shall be provided as proof of compliance with the requirements for patrol canine team certification.~~

Use this form to apply for or renew a ~~general-duty~~ canine team's Criminal Justice Standards and Training Commission certification after successful completion of a Commission-approved canine team training course or equivalent training. Documentation of compliance shall be maintained on file at the agency requesting certification and provided as proof of compliance with the requirements for ~~patrol~~ canine team certification.

- Applicant completes items 1-10.
- Applicant or instructor completes items 11 – 16 ~~11 – 17~~.
- Evaluators complete items 17 – 27 ~~18 – 28~~.
- ~~The~~ Your agency administrator or designee completes item 28 ~~29~~ – 30.
- Contact your Field Specialist for approval.

I. APPLICATION SECTION: Instructions for completing Form CJSTC-70.

1. **Application type.** Enter X in the box beside "New" if the canine team is applying for a new certification. Enter X in the box beside "Renewal" if the canine team is applying for a renewal of certification. Enter X in the box beside "canine team change" if the canine team handler has been previously certified and has a new ~~patrol~~ canine.
2. **Handler's Social Security Number.** Enter the handler's nine-digit social security number as in this example: 000-00-0000.
3. **Handler's name.** Enter the handler's legal name. Enter the last and first name. If the handler has a middle initial, enter it above MI.
4. **Employing agency.** If the handler is employed by a Florida criminal justice agency, enter the name of the agency.
5. **Contact phone number.** Enter the agency phone number where the canine team handler can be contacted, including the area code.
6. **Employing Agency Address:** Enter the address of the employing agency.
7. **Canine's name.** Enter the canine's name.
8. **Canine's Identification Number.** Enter the canine's identification number. Enter as in this example: AKA-4502. This number shall be assigned for the duration of the team's certification.
9. **Breed.** Enter the canine's breed.
10. **Disposition of previous canine.** Enter X in the appropriate box for the disposition of the previous canine, i.e., retired, deceased, or reassigned. Enter the previous canine's name and identification number.

II. TRAINING SECTION. Initial Certifications Only

11. **Name of school or agency delivering the training.** Enter the name of the school or agency. Enter an X in the box marked Commission-approved training if this was the training course completed. Enter an X in the box marked "approved equivalent course" if this was the training course completed.
12. **First Instructor's name.** Enter the instructor's legal name. Enter the last and first name. If instructor has a middle initial, enter it above MI
13. **First Instructor's Social Security Number:** Enter the first instructor's nine-digit social security number as in this example: 000-00-0000.
14. **Second Instructor's name (if applicable).** Enter the instructor's legal name. Enter the last and first name. If the instructor has a middle initial, enter it above "MI.
15. **Second Instructor's Social Security Number (if applicable):** Enter the second Instructor's nine-digit social security number as in this example: 000-00-0000.
16. **Date of completed training.** Enter the date that the canine handler completed the approved training course. ~~Enter the date the patrol canine completed the approve training course if different from the handler's training date, or the determined equivalent training for the handler.~~
17. ~~Equivalent Training (If applicable).~~ Complete the attestation, enter the name of the Commission approved evaluator who approved the equivalent training and sign in the space provided.

III. Performance Evaluation – Evaluator Section Proficiency Examination

Evaluators, who evaluate a canine team's performance or verify the equivalent training for the canine team applying for certification or recertification, shall complete this section. In the evaluators' attestation, enter the date that the evaluators administered the canine team performance evaluation proficiency examination or verified the equivalent training by marking the appropriate box with an X. An evaluator shall not approve equivalent training that was delivered by the evaluator.

- ~~17.18.~~ Evaluators are required to read the attestation. The first evaluator is required to complete items 18 – 22 ~~19 – 23~~, and the second evaluator is required to complete items 23 – 27 ~~24 – 28~~. One of the evaluators administering the performance evaluation proficiency examination shall not be affiliated with the training school or the employing agency that conducted the initial team training, and one who shall not be affiliated with the agency employing the Canine Team pursuant to Rule 11B-27.013, F.A.C. ~~per F.A.C., 11B-27.0013, F.A.C.~~

FIRST EVALUATOR

- ~~18.19.~~ **Evaluator's name.** Enter the first evaluator's legal name.
- ~~19.20.~~ **Evaluator's Social Security Number.** Enter the last four digits of the first evaluator's social security number. Enter number as in this example: 000-00-1234.
- ~~20.21.~~ Enter the contact phone number of the first evaluator.
- ~~21.22.~~ **Renewal date.** Enter the renewal date the Commission approved for the evaluator.
- ~~22.23.~~ **Evaluator's signature.** The first evaluator signs this form.

SECOND EVALUATOR

- ~~23.24.~~ **Evaluator's name.** Enter the second evaluator's legal name.
- ~~24.25.~~ **Evaluator's Social Security Number.** Enter the last four digits of the second evaluator's social security number as in this example: XXX-XX-1234.
- ~~25.26.~~ Enter the contact phone number of the second evaluator.
- ~~26.27.~~ **Renewal date.** Enter the renewal date the Commission approved the evaluator.
- ~~27.28.~~ **Evaluator's signature.** The second evaluator shall sign this form.

IV. Administrator Section. After items 1 - 28 are completed, submit the application to the training school or agency administrator for approval.

- ~~28.29.~~ **Agency Administrator's or Designee's Signature.** After verifying that the canine team has met the requirements of Section 943, F.S. and Rule 11B-27.013, F.A.C., the agency administrator or designee shall sign this form.
- 29 Agency Administrator or Designee's Printed Name.** The agency administrator or designee shall print his or her name on this form.
- 30. Date signed.** The agency administrator or designee shall enter the date the form was signed as in this example: 11-28-1991.

Note: Agency Staff. After the agency administrator or designee has signed and dated the completed form, contact the regional FDLE Field Representative for approval.