



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

