



CANINE TEAM CERTIFICATION APPLICATION

Section 1: Canine Handler All sections must be completed; incomplete forms will not be processed.

<input type="checkbox"/> Initial Canine Team Certification			<input type="checkbox"/> Re-Certification of Canine Team		
HANDLER'S FULL NAME:		HANDLER'S ACADIS STUDENT ID:		CANINE'S NAME:	
PRIMARY AGENCY and MAILING ADDRESS (to send certificates)			HANDLER'S AGENCY EMAIL ADDRESS:		
			HANDLER'S CONTACT PHONE NUMBER (BUSINESS):		
CANINE TEAM DISCIPLINE: (A separate application for each discipline is required)					
<input type="checkbox"/> POLICE PATROL		<input type="checkbox"/> NARCOTIC DETECTION		<input type="checkbox"/> EXPLOSIVE DETECTION	
		<input type="checkbox"/> ELECTIVE MARIJUANA ODOR		<input type="checkbox"/> ELECTIVE OPEN-AIR DETECTION	
PRIMARY AGENCY APPROVAL					
Printed Name and Title:			SIGNATURE AND DATE:		

Section 2: Initial Canine Trainer* Complete only if initial canine team certification

TRAINER'S FULL NAME:		TRAINER'S ACADIS STUDENT ID:		TRAINER'S CONTACT PHONE NUMBER:	
PRIMARY AGENCY and MAILING ADDRESS			TRAINER'S AGENCY EMAIL ADDRESS:		

Section 3: Acknowledgement

I recognize this is an application for certification or training to the Commission (See [RCW 43.101.95\(3\)](#)); therefore, I hereby attest that I have read and understand the requirements outlined in the WSCJTC Policies on Canine Certification Requirements and [WAC 139-05-915](#). *This includes Implicit Bias in Policing or equivalent.*

This Canine Team has met or exceeded the minimum training hours as outlined in the WSCJTC Policies on [Canine Certification Requirements](#) and WAC 139-05-915.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed this ____ day of _____, 20____, in _____, Washington.

Canine Handler's Signature

Signed this ____ day of _____, 20____, in _____, Washington.

Canine Trainer* or Supervisor's Signature

Signed this ____ day of _____, 20____, in _____, Washington.

Evaluator's Signature

CERTIFIED EVALUATOR'S PRINTED NAME:	Evaluator Certification Expiration:	DATE OF CERTIFICATION TEST:
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