

ONE FOR EACH REQUIRED TEAM - COPY FORM AS NEEDED

UNITED STATES POLICE CANINE ASSOCIATION, INC.
K-9 SURVEY VERIFICATION FORM

Officer's Name _____ K-9 _____

Home Phone _____ Cell _____

Department _____ Address _____

Date _____ E-Mail _____

1. How long has your department had a Patrol Dog Program? _____

2. How long has your department had a Detector Dog program? _____

3. When did you receive your "Basic" Patrol Detector, dog training? _____

4. How long was the course you attended? _____

5. Who was the instructor for your "Basic"(Only 1) course? _____

6. Where do you receive your in-service training (Only 1)? _____

7. Date / Location and Region you received your PDI Certification _____

8. **Level II Trainer Only** - Date / Location and Region you received your PDII Detector Certification

REMEMBER TO HAVE THIS DOCUMENT NOTORIZED

I certify that the above information is true and correct:

Name: _____

Signature: _____

Notary of the Public:

State of _____ County of _____

Signed and sworn to before me this _____ day of _____ 20_____

Notary of the Public

My commission expires _____ day of _____ 20_____

Notary Signature _____

One survey form for each claimed team must be completed and accompany trainers application.