

USPCA K-9 SURVEY VERIFICATION FORM

**All teams claimed to have been trained by the applicant must complete this form. One form for each team. Copy as needed. Forms must accompany the trainer's application form.

Date _____

Officers Name _____ K9's Name _____

Department _____ Cell _____

Home Phone _____ Email _____

- How long has your department had a Patrol Dog Program? _____
- How long has your department had a Detector Dog Program? _____
- When did you receive your "basic" PATROL DETECTOR dog training? _____
- How long was the course you attended? _____
- Who was the instructor for your "basic" course? (only 1) _____
- Where do you receive your in-service training? (only 1) _____
- Date/location and Region you received your PDI Certification:

- For Level II Trainer applicant only - Handlers please give the date and location you received your Tracking Certification and the date and location you received your detector dog Certification: Tracking: _____
Detector: _____

Document must be notarized

I certify that the above information is true and correct: NAME _____
(print)

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 _____ Notary Signature _____

ONE SURVEY FORM FOR EACH TEAM CLAIMED MUST BE COMPLETED AND ACCOMPANY TRAINERS APPLICATION.