

United States Police Canine Association, Inc.

Certified Training Grounds Application

*Fill in all applicable blanks, print out and mail.

Date New Renewal Region

What type of Certified Training Grounds are you applying for? (Check all that apply)

Patrol Detector Narcotic Explosive Cadaver Game Accelerant

Name of Training Grounds:

Address:

City: State Zip Phone

Contact Person: Email:

Is this a Law enforcement Agency? Yes No

Is basic Patrol Training conducted here? Yes No

Is In-service Patrol Training conducted here? Yes No

Is basic Detector Training conducted here? Yes No
Narcotic Explosive Cadaver Accelerant Game

Is In-service Detector Training conducted here? Yes No

Is training conducted by a USPCA Certified Trainer? Yes No
(Include a resume for each trainer)

Length of Basic Patrol course: Detector course:

Are the grounds available to other Law Enforcement agencies? Yes No

If yes, in what capacity? Basic Training In-Service Training

LIST AGENCIES THAT HAVE BEEN TRAINED AT THIS TRAINING SITE:

Agency Address

UNITED STATES POLICE CANINE ASSOCIATION, INC.
TRAINING GROUNDS CERTIFICATION FORM

Form must be typed

National Judges Certification

I certify that I have personally inspected the training grounds at *name/ address of grounds* _____

That the above named training area (s) meet with the entire United States Police Canine Associations requirements and specifications. Certified national judge number _____

Signed _____ Date _____ / _____ / _____

INCLUDE PHOTOGRAPHS OF THE FOLLOWING:

- | | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| OUTSIDE SEARCH AREAS | <input type="checkbox"/> | ARTICLE SEARCH AREAS | <input type="checkbox"/> |
| BUILDING SEARCH AREAS | <input type="checkbox"/> | BOX SEARCH AREAS | <input type="checkbox"/> |
| HARD TRACKING AREAS | <input type="checkbox"/> | SOFT TRACKING AREAS | <input type="checkbox"/> |
| AGILITY EQUIPMENT | <input type="checkbox"/> | DETECTOR SEARCH AREAS | <input type="checkbox"/> |

**MAIL TO: JOHN BINNIX
17213 HOSKINSON ROAD
POOLESVILLE, MD.
20837**



FOR OFFICE USE ONLY

RECEIVED BY CHAIRMAN OF CERTIFICATION COMMITTEE DATE _____

APPROVED BY CERTIFICATION COMMITTEE **DATE** _____

DISAPPROVED BY CERTIFICATION COMMITTEE **DATE** _____

If disapproved, Reason:

APPROVED BY NATIONAL EXECUTIVE BOARD DATE _____

DISAPPROVED BY NATIONAL EXECUTIVE BOARD DATE _____

If disapproved, reason _____

Notification Sent to Applicant

Date _____ By _____