



CANINE TEAM DISBAND NOTIFICATION

Washington State Criminal Justice Training Commission

Send completed forms to: certmail@cjtc.wa.gov

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

CANINE HANDLER'S FULL NAME:

AGENCY and MAILING ADDRESS:

CANINE HANDLER'S AGENCY EMAIL ADDRESS:

LAST DATE OF TEAM CERTIFICATION (MM/DD/YY):

CANINE'S NAME:

DATE OF DISBAND (MM/DD/YY):

Canine Team Discipline
(Mark all that apply)

PATROL

NARCOTIC DETECTION

EXPLOSIVE DETECTION

ELECTIVE MARIJUANA ODOR

ELECTIVE OPEN AIR DETECTION

Section 2: Canine Handler

As the assigned dog handler for this team, I understand that if one member of the team changes, a new team exists and the new team will need to be certified.

REASON FOR DISBAND:

Canine Handler RETIRED

Canine Handler RESIGNED

Canine Handler REASSIGNED

Other: _____

Handler discipline

Handler misconduct

CANINE HANDLER'S PRINTED NAME:

CANINE HANDLER'S SIGNATURE:

DATE:

Section 3: Canine Unit Supervisor

As the supervisor of canine unit, I understand that if one member of the team changes, a new team exists and the new team will need to be certified.

SUPERVISOR'S PRINTED NAME:

SUPERVISOR'S SIGNATURE:

DATE: