



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"/> ELECTIVE MARIJUANA ODOR	Is fentanyl training included in application: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> EXPLOSIVE DETECTION <input type="checkbox"/> ELECTIVE OPEN-AIR DETECTION
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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