



CERTIFICATION TEST SHEET FOR K9 TEAMS



Certification Test Date: _____ Certification Number(s): _____

Member Type: Regular Associate Status: New Current

Is this K9 used directly by your law enforcement employer? Yes No

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email: _____ Supervisor Email: _____

Employer Name: _____ Your Assignment: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Employer Phone: _____

K9 Name: _____ K9 Age: _____ K9 Breed: _____

K9 Sex: Male Female K9 Color: _____

| PHASES TEST IN | PASS | FAIL | MASTER TRAINER SIGNATURE | TEST DATE |
|----------------|--------------------------|--------------------------|--------------------------|-----------|
| Check Point | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Traverse | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Firearms | <input type="checkbox"/> | <input type="checkbox"/> | | |

LIST EACH NARCOTIC/CADAVER/EXPLOSIVE ODOR PASSED:

MASTER TRAINER PRINTED NAME & COMMENTS:

ASSISTED BY:



Detector Dog Search Tests



| #1 CHECK POINT TEST | | | | | | #2 TRAVERSE TEST | | | | | |
|--------------------------|--|---------------------------------------|--|---|--|---|--|---------------------------------------|--|---|--|
| LOCATION: | | NO: | | NO BLANK: | | LOCATION: | | NO: | | NO BLANK: | |
| SET TIME: | | RUN TIME: | | WEATHER: | | SET TIME: | | RUN TIME: | | WEATHER: | |
| TYPE | | AMOUNT | | LOCATION OF AID | | TYPE | | AMOUNT | | LOCATION OF AID | |
| 1 | | | | | | 1 | | 1 | | | |
| 2 | | | | | | 2 | | | | | |
| 3 | | | | | | 3 | | | | | |
| 4 | | | | | | 4 | | | | | |
| 5 | | | | | | 5 | | | | | |
| 6 | | | | | | 6 | | | | | |
| 7 | | | | | | 7 | | | | | |
| 8 | | | | | | 8 | | | | | |
| TEAM MISSED: | | | | | | TEAM MISSED: | | | | | |
| TEAM RATING: | | <input type="checkbox"/> SATISFACTORY | | <input type="checkbox"/> UNSATISFACTORY | | TEAM RATING: | | <input type="checkbox"/> SATISFACTORY | | <input type="checkbox"/> UNSATISFACTORY | |
| M.T.SIGNATURE: | | | | | | M.T.SIGNATURE: | | | | | |
| COMMENTS: | | | | | | COMMENTS: | | | | | |
| #3 OPEN AREA SEARCH TEST | | | | | | | | | | | |
| LOCATION: | | | | NO: | | | | NO BLANK: | | | |
| SET TIME: | | | | RUN TIME: | | | | WEATHER: | | | |
| TYPE | | | | AMOUNT | | | | LOCATION OF AID | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| TEAM MISSED: | | | | | | TEAM MISSED: | | | | | |
| TEAM RATING: | | <input type="checkbox"/> SATISFACTORY | | | | <input type="checkbox"/> UNSATISFACTORY | | | | | |
| M.T.SIGNATURE: | | | | | | M.T.SIGNATURE: | | | | | |
| COMMENTS: | | | | | | COMMENTS: | | | | | |