



CERTIFICATION TEST SHEET FOR K9 TEAMS



K9 Team Membership Verified: MT

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
Obedience	<input type="checkbox"/>	<input type="checkbox"/>		
Article Search	<input type="checkbox"/>	<input type="checkbox"/>		
Area Search	<input type="checkbox"/>	<input type="checkbox"/>		
Building Search	<input type="checkbox"/>	<input type="checkbox"/>		
Obedience/Aggression Control	<input type="checkbox"/>	<input type="checkbox"/>		
Trailing Level 1	<input type="checkbox"/>	<input type="checkbox"/>		
Narcotic Detection	<input type="checkbox"/>	<input type="checkbox"/>		
Explosive Detection	<input type="checkbox"/>	<input type="checkbox"/>		
Firearms Detection	<input type="checkbox"/>	<input type="checkbox"/>		

LIST EACH SPECIFIC ODOR PASSED:

MASTER TRAINER PRINTED NAME & COMMENTS:

ASSISTED BY:



Detector Dog Search Tests



#1 BUILDING SEARCH TEST						#2 VEHICLE SEARCH 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					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
TEAM MISSED: 0						TEAM MISSED: 0					
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 CONTAINER SEARCH TEST						#4 OPEN AREA SEARCH 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					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
TEAM MISSED: 0						TEAM MISSED: 0					
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:					