



Florida Department of Law Enforcement

# PATROL CANINE TEAM CERTIFICATION APPLICATION

Incorporated by Reference in Rule 11B-27.013(2), F.A.C.



**CJSTC  
70**

Must Be Renewed Annually by 12/31

## SECTION I – APPLICANT

- Application type:  NEW  RENEWAL  CANINE TEAM CHANGE
- Handler's Social Security Number (Optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Handler's name: \_\_\_\_\_  
Last First MI
- Employing Agency: \_\_\_\_\_
- Contact Phone Number: \_\_\_\_\_
- Employing Agency Address: \_\_\_\_\_
- Canine's Name: \_\_\_\_\_ 8. Canine's Identification Number: \_\_\_\_\_ 9. Breed: \_\_\_\_\_
- Disposition of previous canine:  Retired  Deceased  Reassigned "the new canine team shall submit a request for certification"

## SECTION II – TRAINING (Initial Certifications only)

- Name of training school or agency delivering training: \_\_\_\_\_  
Enter "X" in one of the following boxes:  Commission-approved Course  Approved Equivalent Course
- Instructor's Name: \_\_\_\_\_  
Last First MI
- Instructor's Social Security Number (Optional): \_\_\_\_\_
- Date of completed training: Handler \_\_\_\_\_ Canine (if different from handler) \_\_\_\_\_  
Month Day Year Month Day Year
- Name of the evaluator approving the equivalent training: \_\_\_\_\_  
Last First MI

## SECTION III – EVALUATOR

I hereby attest that I administered the **EXAMINATION OF PROFICIENCY**  of the canine team referenced above on the \_\_\_\_\_ day of \_\_\_\_\_ or, **VERIFIED EQUIVALENT TRAINING**  for the canine handler or patrol canine referenced above on the \_\_\_\_\_ day of \_\_\_\_\_ pursuant with Rule 11B-27.013, F.A.C.

TWO EVALUATORS ARE REQUIRED ON ALL APPLICATIONS FOR DOCUMENTATION OF PROFICIENCY EXAMINATION

FIRST EVALUATOR	SECOND EVALUATOR
16. Evaluator's Name: _____	20. Evaluator's Name: _____
17. Social Security Number (Optional): _____	21. Social Security Number (Optional): _____
18. Renewal date for approval as a evaluator: _____	22. Renewal date for approval as a evaluator: _____
19. _____ Evaluator's Signature	23. _____ Evaluator's Signature

## SECTION IV

ADMINISTRATOR: I hereby certify that the above referenced canine team has complied with the provisions of Section 943 F.S., Rule 11B-27.013, F.A.C., or any policies made applicable thereto.

- \_\_\_\_\_ 25. \_\_\_\_\_  
Training School Director or Agency Head's Signature or Designee Date Signed
- \_\_\_\_\_ 3. \_\_\_\_\_  
Commission's Signature Date Signed Renewal Date

## INSTRUCTIONS FOR COMPLETING FORM CJSTC-70

Must Be Renewed Annually by 12/31

Please type or print in black or blue ink and use capital and small letters to write names, titles, and addresses.

Documentation of compliance shall be maintained on file at the agency employing the canine team and shall be provided as proof of compliance with the requirements for patrol canine team certification.

Use this form to apply for or renew a general duty canine team's Criminal Justice Standards and Training Commission certification after successful completion of a Commission-approved canine team training course or equivalent training. Documentation of compliance shall be maintained on file at the agency requesting certification and provided as proof of compliance with the requirements for patrol canine team certification.

- Applicant completes items 1-10.
- Applicant completes items 11-15
- Evaluators complete items 16-24.
- Your training school or agency administrator completes item 24-25. Contact your Field Specialist for approval.

### HOW TO COMPLETE EACH ITEM

#### I APPLICATION SECTION

- 1. Application type.** Enter X in the box beside "New" if the canine team is applying for a new certification. Enter X in the box beside "Renewal" if the canine team is applying for a renewal of certification. Enter X in the box beside "canine team change" if the canine team handler has been previously certified and has a new patrol canine.
- 2. Handler's Social Security Number.** (optional) Enter the handler's social security number. Enter the number as in this example: 000-00-0000.
- 3. Handler's name.** Enter the handler's legal name. Enter the last and first name. If the handler has a middle initial, enter it above MI.
- 4. Employing agency.** If the handler is employed by a Florida criminal justice agency, enter the name of the agency.
- 5. Contact phone number.** Enter the agency phone number where the canine team handler can be contacted.
- 6. Employing Agency Address:** Enter the address of the employing agency.
- 7. Canine's name.** Enter the canine's name.
- 8. Canine's Identification Number.** Enter the canine's identification number. Enter as in this example: AKA-4502. This number shall be assigned for the duration of the team's certification.
- 9. Breed.** Enter the canine's breed.
- 10. Disposition of previous canine.** Enter X in the appropriate box for the disposition of the previous canine, i.e., retired, deceased, or reassigned.

#### II. TRAINING SECTION. INITIAL CERTIFICATIONS ONLY

- 11. Name of school or agency delivering the training.** Enter the name of the school or agency. Enter an X in the box marked Commission-approved training if this was the training course completed. Enter an X in the box marked "approved equivalent course" if this was the training course completed.
- 12. Instructor's name.** Enter the instructor's legal name. Enter the last and first name. If instructor has a middle initial, enter it above MI
- 13. Instructor's Social Security Number.** (Optional) Enter instructor's social security number.

**14. Date of completed training.** Enter the date that the canine handler completed the approved training course. Enter the date the patrol canine completed the approved training course if different from the handler's training date or the determined equivalent training for the handler.

**15. Name of evaluator approving the equivalent training:** Enter the name of the Commission-approved evaluator who approved the equivalent training.

#### III. Evaluator Section

Evaluators, who evaluate a canine team's performance or verify the equivalent training for the canine team applying for certification or recertification, shall complete this section.

In the evaluators' attestation, enter the date that the evaluators administered the canine team proficiency examination or verified the equivalent training by marking the appropriate box with an X.

Evaluators are required to read the attestation. The first evaluator is required to complete items 16-19, and the second evaluator is required to complete items 20-23.

#### FIRST EVALUATOR

- 16. Evaluator's Social Security Number.** (Optional) Enter the first evaluator's social security number. Enter number as in this example: 000-00-0000.
- 17. Evaluator's name.** Enter the first evaluator's legal name. Enter the last and first name. If the evaluator has a middle initial, enter it above MI.
- 18. Evaluator's signature.** The first evaluator signs this form.
- 19. Renewal date.** Enter the renewal date the Commission approved the evaluator.

#### SECOND EVALUATOR

- 20. Evaluator's Social Security Number.** (Optional): Enter the second evaluator's social security number. Enter the number as in this example: 000-00-0000.
- 21. Evaluator's name.** Enter the second evaluator's legal name. Enter the last and first name. If the evaluator has middle initial, enter it above MI.
- 22. Evaluator's signature.** The second evaluator signs this form.
- 23. Renewal date.** Enter the renewal date the Commission approved the evaluator.

**IV. Administrator Section.** After items 1-24 are completed, submit the application to the training school or agency administrator for approval.

- 24. Training School or Agency Administrator's Signature.** After verifying that the canine team has met the requirements of Section 943, F.S. and Rule 11B-27.013, F.A.C., the training school or agency administrator or designee shall sign this form.
- 25. Date signed.** The training school or agency administrator or designee shall enter the date he or she signed this form. Enter as in this example: 11-28-1991.

**Note:** Training school or agency staff: After your administrator or designee has signed and dated this completed form, contact your regional FDLE Field Representative for approval.