

**The United States Police Canine Association, Inc.
Application for Judges Certification**

ALL AREAS MUST BE FILLED IN OR MARKED TO BE PROCESSED

Today's Date ____ / ____ / 20 ____

Mail Completed Application To:

Russ Hess		John Usher
Director USPCA	AND	Chairman Judges
PO Box 80		31 Bunker Dr.
Springboro, Ohio 45066		Rochester, NH 03839

Current USPCA Member Yes USPCA Membership Status Regular Associate

Region Number of USPCA Membership _____

Year you certified as a Regional Certified Judge (if Applicable) __ / __ / 20__ National # _____

Applicant Mark all areas you are applying for:

Type of Judges Certification Applying for PDI PDII Detector

Regional Certified Judge National Certified

Are you currently a National Certified Trainer Yes No

Date Certified _____ Trainer Level _____

Name _____ D.O.B. ____ - ____ - ____

Address _____
(city) (state) (zip)

Telephone _____ Work _____ Cell _____

E-Mail _____ Employed by: _____

(Dept/ Agency)

Address _____
(city) (State) (zip)

Immediate Supervisor _____ Telephone _____

Your Present Position _____ Year(s) in {Position _____

Years Assigned as Trainer _____ Handler _____ Canine Administrator _____

List below K-9 teams trained and / or handled by you that obtained a USPCA certification. Please indicate certification obtained PDI, Detector, and Tracking and include a copy of that certification. Please use a separate sheet of paper if more space is needed. Missing a copy of certification(s) list date and location, etc. **All listed teams have to be verified by national records.**

Handler / Dog's Name Region and Date Certified Certification Obtained

List of Schools / Seminars Attended

Year School- Name of Seminar Instructor Length of Course

List Judging Assignments

Location / Region Phases Judged Chief Judge # of Teams Date

Applicants Signature _____ Date ____ - ____ - 20____

Signature of two regional officers	Approved	Disapproved	Abstain	Date
President (REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20____
One other Region Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20____

National Office

Date Received by National Office ____ - ____ - 20____ Date to committee ____ - ____ - 20____

Committee Recommendation _____

Committee Chairman Signature _____ Date ____ - ____ - ____

Executive Board Action _____ Date ____ - ____ - ____

If for any reason the application is denied, it is the responsibility of the Chairman of the Judges Committee to notify the applicant within 30 days of the denial.

Date Applicant Notified ____ - ____ - 20____ or Date Certificated Mailed ____ - ____ - 20____