

ONE FOR EACH REQUIRED TEAM - COPY FORM AS NEEDED

UNITED STATES POLICE CANINE ASSOCIATION, INC.  
K-9 SURVEY VERIFICATION FORM

Officer's Name \_\_\_\_\_ K-9 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Department \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_ E-Mail \_\_\_\_\_

1. How long has your department had a Patrol Dog Program? \_\_\_\_\_

2. How long has your department had a Detector Dog program? \_\_\_\_\_

3. When did you receive your "Basic"  Patrol  Detector, dog training? \_\_\_\_\_

4. How long was the course you attended? \_\_\_\_\_

5. Who was the instructor for your "Basic"(Only 1) course? \_\_\_\_\_

6. Where do you receive your in-service training (Only 1)? \_\_\_\_\_

7. Date / Location and Region you received your  PDI Certification \_\_\_\_\_

\_\_\_\_\_

8. **Level II Trainer Only** - Date / Location and Region you received your  PDII  Detector Certification

\_\_\_\_\_

\_\_\_\_\_

**REMEMBER TO HAVE THIS DOCUMENT NOTORIZED**

I certify that the above information is true and correct:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Notary of the Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary of the Public

My commission expires \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Signature \_\_\_\_\_

**One survey form for each claimed team must be completed and accompany trainers application.**