



STATE OF SOUTH DAKOTA  
**LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION**

DIVISION OF CRIMINAL INVESTIGATION  
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER  
1302 E. HIGHWAY 14 - Suite 5  
PIERRE, SOUTH DAKOTA 57501-8505

**CANINE TEAM**

**CERTIFICATION APPLICATION**

**Must Be Renewed Annually**

**JASON R. RAVNSBORG**  
ATTORNEY GENERAL

**SECTION I – APPLICANT**

Application Type:  New  Renewal  Canine Team Change  
 Patrol  Narcotics Detection  Explosive Detection  Accelerant Detection  Scent Discriminatory Tracking  Corrections

Handler Name (Last) (First) (MI) Male ( ) Female ( )

Employing Agency:

Employing Agency Address: STREET OR RFD / CITY OR POST OFFICE / STATE ZIP CODE

Contact Telephone Telephone \_\_\_\_\_ Contact Fax No. \_\_\_\_\_ South Dakota Basic Officer Certification Date \_\_\_\_\_  
E-mail \_\_\_\_\_

Canine Name Canine Identification Number Breed Color / Marks

**SECTION II - EVALUATIONS**

Date of Canine Evaluation : \_\_\_\_\_ Site of Canine Evaluation: \_\_\_\_\_

**(circle correct one)**

The above Canine team has demonstrated and [ MET - FAILED TO MEET ] South Dakota Law Enforcement Officers Standards and Training Commission requirements in the area(s) of:

**CHECK ALL THAT APPLY:** \_\_\_\_\_ Patrol Dog (USPCA) \_\_\_\_\_ Detector Dog - Explosives  
\_\_\_\_\_ Patrol Dog (PSP ) \_\_\_\_\_ Accelerant Detection  
\_\_\_\_\_ Detector Dog - Narcotics \_\_\_\_\_ Scent Discriminatory Tracking  
\_\_\_\_\_ Corrections [search for any article which is unlawful for an inmate to possess]

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Evaluator/Judge Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Head/Designee \_\_\_\_\_ Date \_\_\_\_\_

This form, along with supporting certificates or documentation that the canine team meets the South Dakota standards for certification, shall be submitted by the Canine Handler to:

Law Enforcement Training  
George S. Mickelson Building  
1302 East Hwy 14 Suite #5  
Pierre, SD 57501-8505

Date received: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exam Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Certificate Sent: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Training Administrator Signature: \_\_\_\_\_  
Date \_\_\_\_\_