



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

MARTY J. JACKLEY
ATTORNEY GENERAL

SECTION I – APPLICANT

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

Handler Name (Last)	(First)	(MI)	Male ()	Female ()
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Employing Agency:

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

Contact Telephone Telephone _____	Contact Fax No. _____ E-mail _____	South Dakota <u>Basic Officer</u> Certification Date _____
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Canine Name	Canine Identification Number	Breed	Color / Marks
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SECTION II - EVALUATIONS

Date of Canine Evaluation : _____ Site of Canine Evaluation: _____

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:

(circle correct one)

CHECK ALL THAT APPLY Patrol Dog (USPCA) Detector Dog - Explosives
 Patrol Dog (PSP) Accelerant Detection
 Detector Dog - Narcotics Scent Discriminatory Tracking

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 _____