



STATE OF SOUTH DAKOTA
LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION
DIVISION OF CRIMINAL INVESTIGATION
1302 EAST HIGHWAY 14, SUITE 5
PIERRE, SOUTH DAKOTA 57501-5070

INSTRUCTOR CERTIFICATION APPLICATION

MARTY JACKLEY
ATTORNEY GENERAL

Type of Trainer Certification: Patrol _____ Detection _____ Explosive _____

Name: _____ Date of Birth ____ - ____ - ____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (ZIP)

Email: _____ Telephone: _____ Work: _____

Employed By: _____
(Department/Agency) (Address)

Present Position: _____ Year(s) in Position: _____

Years Assigned As: Trainer _____ Total Number of Dogs Trained: _____

Canine teams trained by you that certified Patrol Dog, and/or Detection

Handler/Dog's Name: _____ Region and Date Certified: _____

Patrol Dog _____

Drug _____

Explosive _____

List location and date of training seminars you attended:

Signature of applicant: _____ Date: _____

If More Space Is Needed For Any Of The Required Information Please List On A Separate Sheet

Date received: ____ - ____ - ____ Date sent to commission: ____ - ____ - ____
Commission Recommendation:

Signature and Date: _____
If for any reason the application is denied, it is the responsibility of the Chairman to notify the applicant within 30 days.
Date Applicant Notified: ____ - ____ - ____ Date Certificate Sent: ____ - ____ - ____
Signature and Date: _____

CM _____ SC _____ KK _____

For Law Enforcement Training Use Only