



MARTY JACKLEY
ATTORNEY GENERAL

STATE OF SOUTH DAKOTA
LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION
DIVISION OF CRIMINAL INVESTIGATION
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER
3444 E. HIGHWAY 34
PIERRE, SOUTH DAKOTA 57501-5070

JUDGE CERTIFICATION APPLICATION

Type of Application (check all that apply):

Patrol Dog _____ Drug Detection _____ Explosive Detection _____

Name _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip)

Contact: Phone No. _____ Email: _____

Employing Agency: _____
(Department/Agency) (Address)

Current Title and Duties _____

Type of Certification, Date, Location, Region and Name of Canine that you certified with,
all verifiable by national records:

(Type:) (Date) (Location) (Region) (Name of Canine)

(Type:) (Date) (Location) (Region) (Name of Canine)

Canine Training History:

Schools Attended	Course	Instructor	Date
_____	_____	_____	_____
_____	_____	_____	_____

Canine Seminars Attended:

1. _____	Date _____	4. _____	Date _____
2. _____	Date _____	5. _____	Date _____
3. _____	Date _____	6. _____	Date _____

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

Total Number of Dogs you have trained: _____

Total Number of Detection Dogs you have certified: _____

Total Number of Patrol Dogs you have certified: _____

Applicant's Signature: _____ Date: _____

Attach Any Additional Information You Feel May Be Pertinent To This Application

For Judge Board Use Only

- ☐ Must have minimum of four years as an instructor
- ☐ Must pass PSD Judge written test (minimum 80%)
- ☐ Must submit two research papers to an existing PSD Judge
- ☐ Must articulate proficiency and experience in grading of police service dogs. Consideration will be taken as to the number of dogs graded and hours spent doing so while under the guidance of a certified PSD Judge
- ☐ Must present in an oral interview to SD PSD Judge Board
- ☐ Final Judge Board Recommendation
Approve ☐ Disapprove ☐

Judge Signature (On behalf of Judge Panel)

Date

For Law Enforcement Training Use Only

Date received: _____ - _____ - _____

- ☐ Must be in good standing with own agency
- ☐ Recommended by the Judge Board for the position

Approve ☐ Disapprove ☐

Training Administrator Signature

Date