

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

CANINE TEAM LICENSING
2401 Egypt Road
Ada, Oklahoma 74820-0669
TEL: (405) 239-5112 FAX: (405) 239-5190

One (1) color PHOTO (of Dog with Handler) AND One (1) color PHOTO (Head & Shoulder Shot) of Handler Alone, are required for license. Photos must be on Photo-grade Material-Laser Printer Paper Not Accepted; Hats and Dark Glasses not Permitted. A copy of CERTIFICATION must be submitted with the application. Certification must be within 12 months prior to application.

License No: K9 - EXP -	New:	Date of Certification:
HANDLER PERSONAL INFORMATION		Email (required):
Name:	DOB:	
SS#:	CLEET #	Tel. No:
Address:		
City:	State:	Zip:
OWNER INFORMATION: If owned by department, must list the department		
Name:	DOB:	CLEET ID#:
Address:		
City:	State:	Zip:
Tel. No:		
If <u>individually</u> owned, must have an affiliation letter on department letterhead <u>with</u> application indicating team's use (cannot be for private gain).		
CANINE INFORMATION		
Name:	Breed:	Chip #/Tattoo:
	Color:	Marks:
Name of Agency/Department:		NCIC/ORI #:
Agency Address:		
City:	State:	Zip:
Tele. No: ()	Fax No: () Without your fax number, your license may be delayed.	
Canine Trained By:	General Location of Duties:	
CANINE CERTIFIED BY: NEDCP Standards <input type="checkbox"/> NAPWDA Standards <input type="checkbox"/> USPCA Standards <input type="checkbox"/> NTPDA Standards <input type="checkbox"/> IPWDA Standards <input type="checkbox"/> NPCA Standards <input type="checkbox"/>		
<i>I certify that all statements made on this application are true and correct, and that this canine will be used for legal purposes in the detection of dangerous EXPLOSIVES and/or EXPLOSIVE COMPONENTS.</i>		
Owner (or Designee):		Date:
Notary:	Commission Expires: _____	
	Commission Number: _____	
NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED		
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