

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

EXPLOSIVE 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. Hats and dark glasses are 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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