

# **COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING**

## **EXPLOSIVE CANINE TEAM LICENSING**

2401 Egypt Road

Ada, Oklahoma 74820-0669

TEL: (405) 239-5100

- 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.
- Email application and pictures to [janey.rowden@cleet.state.ok.us](mailto:janey.rowden@cleet.state.ok.us)

License No: K9 - EXP -	New:	Date of Certification:	
<b>HANDLER PERSONAL INFORMATION</b>	Email (required):		
Name:	DOB:		
SS#:	CLEET #	Tel. No:	
Address:			
City:	State:	Zip:	
<b>OWNER INFORMATION: If owned by department, must list the department</b>			
Name:	DOB:	CLEET ID#:	
Address:			
City:	State:	Zip:	Tel. No:
If individually owned, must have an affiliation letter on department letterhead <u>with</u> application indicating team's use (cannot be for private gain).			
<b>CANINE INFORMATION</b>			
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 state under penalty of perjury under the laws of Oklahoma that the foregoing is 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: _____
<b>NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED</b>			
Rev. 2021			