

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

CANINE TEAM LICENSING
2401 Egypt Road
Ada, Oklahoma 74820-0669
TEL: (405) 239-5123 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. TESTS are required for all K9 Teams (New and Renewal).

License No: K9 - -	New:	Renewal Date:		
HANDLER PERSONAL INFORMATION				
Name:	DOB:	SS#:		
Race:	Gender:	Tel. No:		
Address:				
City:	State:	Zip:		
OWNER INFORMATION: *IF CANINE IS PRIVATELY OWNED, AFFILIATION LETTER IS REQUIRED FOR LICENSE				
Name:	DOB:	SS#:		
Race:	Gender:	Tel. No:		
Address:				
City:	State:	Zip:		
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:	ID/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 TO BE CERTIFIED FOR:				
Marijuana <input type="checkbox"/>	Cocaine <input type="checkbox"/>	Meth <input type="checkbox"/>	Heroin <input type="checkbox"/>	Ecstasy []
<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 controlled dangerous substances (CDS).</i>				
Owner (or Designee):		Date:		
		Commission Expires: _____		
Notary:	Commission Number: _____			
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED				
Rev. 06/2007				