COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

DRUG 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. TESTS are required for all K9 Teams for both new licenses and renewals.

License No: K9 - -	New:	Renewal Date:
HANDLER PERSONAL INFORMATION	Email (required):	
Name:	DOB:	SS#:
Race:	Gender:	Tel. No:
Address:		
City:	State:	Zip:
OWNER INFORMATION:		
Name:	DOB:	Handler CLEET#:
Race:	Gender:	Tel. No:
Address:		
City:	State:	Zip:
If individually owned, must have an affiliation letter on department letterhead with 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 TO BE CERTIFIED FOR:

Marijuana D Cocaine D Meth D Heroin D Ecstasy D

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).

Owner (or Designee): Date:

Notary:	Commission Expires:_____ Commission Number:_____

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED Rev. 09/2017