



Maine Criminal Justice Academy

K-9 / Handler Team Application

Applicant's Name: _____
(Last) (First) (MI)

Address: _____
(P.O. Box/Street) (City) (State) (Zip)

Telephone: (Work) _____ (Home) _____ (Cel) _____

Department: _____ Tel # _____

Address: _____
(P.O. Box/Street) (City) (State) (Zip)

K-9's Name: _____ Breed: _____

Training discipline of K-9

Patrol

Detector

Detector Training: Drug Accelerant Cadaver Scent Explosives Article

Fish & Wildlife Tracking (W/O Apprehension) Bloodhound

Total number of months and/or years working with the above named K-9: _____

Enclose a copy of the curriculum of the course and also a copy of the certificate of completion of that course Also include a copy of the documentation of hours trained during the course.

Date of Certification: _____

Place of Certification: _____

Person/Agency who Certified Team: _____

Enclose a letter from the administrator of the department verifying that the applicant is a K-9 Handler and meets the requirements of Specification 23 and or 23-A.