


**DELAWARE STATE POLICE
PROFESSIONAL LICENSING
CANINE MONTHLY ON-GOING TRAINING FORM**

APPLICANT NAME _____
(LAST) (FIRST) (MI)

DATE OF BIRTH _____

CANINE'S NAME _____

INSTRUCTOR'S NAME _____

PATROL/CROWD CONTROL CERTIFICATION – 8 Hours

NARCOTIC DETECTION CERTIFICATION – 4 Hours

EXPLOSIVE DETECTION CERTIFICATION – 4 Hours

DATES COMPLETED:

JANUARY _____

FEBRUARY _____

MARCH _____

APRIL _____

MAY _____

JUNE _____

JULY _____

AUGUST _____

SEPTEMBER _____

OCTOBER _____

NOVEMBER _____

DECEMBER _____

LOCATION OF MONTHLY TRAINING _____

INSTRUCTOR'S COMMENTS:

(Instructor's Signature)