



**DELAWARE STATE POLICE  
PROFESSIONAL LICENSING  
CANINE RE-CERTIFICATION FORM**

APPLICANT NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

DATE OF BIRTH \_\_\_\_\_

CANINE'S NAME \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

**PATROL/CROWD CONTROL CERTIFICATION – 16 Hours**

**NARCOTIC DETECTION CERTIFICATION – 16 Hours**

**EXPLOSIVE DETECTION CERTIFICATION – 16 Hours**

DATES COURSE STARTED \_\_\_\_\_

DATE COURSE COMPLETED \_\_\_\_\_

DATE OF RE-CERTIFICATION \_\_\_\_\_

LOCATION OF RE-CERTIFICATION \_\_\_\_\_

FUNCTIONAL TEST:       PASS                       FAIL

INSTRUCTOR'S COMMENTS:

\_\_\_\_\_  
(Instructor's Signature)