



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

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

DATE OF BIRTH _____

CANINE'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 _____

FUNCTIONAL TEST: PASS FAIL

_____ I (*applicant*) have received a copy of the Rules & Regs in regards to my canine status
(Initial) as a constable.

INSTRUCTOR'S COMMENTS:

INSTRUCTOR _____ / _____
(Print name) (Signature)