


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

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

DATE OF BIRTH _____

CANINE'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 _____

INSTRUCTOR'S COMMENTS:

INSTRUCTOR _____ / _____
(Print name) (Signature)