

C.P.W.D.A. Certification Test Sheet

Certification Test Date(s): _____

Type Member? Regular: Status? New: Current:

Is this K-9 used directly by your law enforcement employer? Yes No

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Employer-Name: _____ Your Assignment: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

K-9 Name: _____ K-9 age: _____ K-9 Breed: _____

K-9 sex: _____ K-9 colors: _____

Phases Tested In:	<i>Pass</i>	<i>Fail</i>	TRAINER SIGNATURE
"Police Utility Dog Title"			
Obedience			
Article Search			
Area Search			
SAR Area Search			
Tracking			
Trailing			
Building Search			
Aggression Control			
Accelerant Detection Team			
Cadaver Detection Team			
Explosive Detection Team			
Narcotic Detection Team			

LIST EACH Accelerant, Explosive, Narcotic Odor Passed: _____

Trainer Comments: _____

Trainer Assisted by: _____

NOTE

Void if membership not Current!

Speciality Detection Tests are on the Reverse Side of this Sheet