CONTROLLED SUBSTANCE DETECTION DOG CERTIFICATION FORM

☐ Initial Certification (Requires POST Application for Certification Form)
☐ Re-certification

HANDLER________________________________ POST ID#________________________
CANINE_________________________________________________________________
AGENCY NAME________________________________________________________________
DATE________________ TIME________ LOCATION______________________________

METHAMPHETAMINE
Weight ____ Location______________________ Passed ☐ Failed ☐
Weight ____ Location______________________ Passed ☐ Failed ☐

COCaine
Weight ____ Location______________________ Passed ☐ Failed ☐
Weight ____ Location______________________ Passed ☐ Failed ☐

HEROIN
Weight____ Location______________________ Passed ☐ Failed ☐
Weight____ Location______________________ Passed ☐ Failed ☐

Other: ________________________________ Passed ☐ Failed ☐
Other: ________________________________ Passed ☐ Failed ☐

BASIC CONTROL Passed ☐ Failed ☐

Comments:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Evaluator’s Signature: ______________________ POST Training Specialist: ________________
Print Name: ______________________________
Telephone: ______________________________ Handler’s Signature: ________________________

It is the sole responsibility of the Handler to ensure that this evaluation form and application for certification (if applicable) is turned into the Idaho Peace Officer Standards and Training Academy for processing.

This form must be received by POST Academy within 30 days of the certification date to be valid.