



EXPLOSIVE DETECTION DOG CERTIFICATION FORM

Initial Certification (Requires POST Application for Certification Form)

Re-certification

HANDLER _____ **POST ID#** _____

CANINE _____

AGENCY NAME _____

DATE _____ **TIME** _____ **LOCATION** _____

Black Powder/Time Fuse:

Location _____ Passed Failed

Smokeless Powder:

Location _____ Passed Failed

TNT:

Location _____ Passed Failed

Dynamite:

Location _____ Passed Failed

RDX:

Location _____ Passed Failed

PETN/Det Cord:

Location _____ Passed Failed

Ammonium Nitrate:

Location _____ Passed Failed

Potassium Chlorate:

Location _____ Passed Failed

Other: _____ 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.

White Copy—POST

Yellow Copy—Handler

Pink Copy—Evaluator