

**STATE OF OHIO  
K-9 TAC APPLICATION**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Can you respond anywhere in the state of Ohio: \_\_\_\_\_ YES \_\_\_\_\_ NO

Occupation: \_\_\_\_\_

K-9 Affiliation: \_\_\_\_\_

Department/Organization Name: \_\_\_\_\_

Department/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**K-9 Experience:** \_\_\_\_\_

**Number of years working K-9:** \_\_\_\_\_

**What Discipline:** \_\_\_\_\_ Patrol \_\_\_\_\_ Bomb \_\_\_\_\_ Accelerate \_\_\_\_\_ Search & Rescue \_\_\_\_\_ Cadaver

**What certifications does your K-9 have:** (check all that apply)

\_\_\_\_\_ Patrol \_\_\_\_\_ Bomb \_\_\_\_\_ Accelerate \_\_\_\_\_ Search & Rescue \_\_\_\_\_ Cadaver \_\_\_\_\_ Tracking  
\_\_\_\_\_ Area Search \_\_\_\_\_ Building Search \_\_\_\_\_ Article Search \_\_\_\_\_ Narcotics

**Through what Organization:** (check all that apply)

\_\_\_\_\_ OPOTA \_\_\_\_\_ NAPWDA \_\_\_\_\_ USPCA \_\_\_\_\_ ATF \_\_\_\_\_ FEMA \_\_\_\_\_ NASAR \_\_\_\_\_ IPWDA \_\_\_\_\_ CADA

**Cadaver:**

What Level of K-9 Certification: **Land** \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

**Water** \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Through what Organization: \_\_\_\_\_ NAPWDA \_\_\_\_\_ USPCA \_\_\_\_\_ NASAR \_\_\_\_\_ IPWDA

**Search & Rescue:** \_\_\_\_\_ Urban \_\_\_\_\_ Wilderness

What Level of K-9 Certification: \_\_\_\_\_ Basic \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Through what Organization: \_\_\_\_\_ NAPWDA \_\_\_\_\_ FEMA \_\_\_\_\_ NASAR \_\_\_\_\_ IPWDA

**Breed of Dog:** \_\_\_\_\_ **Name of Dog:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE.**

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand my application may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

SIGNATURE OF APPLICANT \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE NAMED APPLICANT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_ AND THE STATE OF OHIO.

(AFFIX SEAL BELOW)

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_