

PATROL - HANDLER PROTECTION - SPECIAL RESPONSE TEAM
(circle one)

DATE: _____

LOCATION: _____

	Handler	K-9	E	Department & State	PATROL		RECALL		AREA		BLDG		H PR.		SRT	
					P/F	P/F	P/F	P/F	CO #	P/F	CO #	P/F	CO #	PAID		
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(please check if E-Collar was worn for Certification)

Certifying Official & #

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