



EXPLOSIVE DETECTION DOG CERTIFICATION FORM

Initial Certification (Requires POST Application for Certification Form)

Re-certification

HANDLER _____ **POST ID#** _____

CANINE _____

AGENCY NAME _____

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

C-4 Explosive:

Weight _____ Location _____ Passed Failed

Pyrodex:

Weight _____ Location _____ Passed Failed

Ammonium Nitrate:

Weight _____ Location _____ Passed Failed

Detonating Cord:

Weight _____ Location _____ Passed Failed

Time Fuse:

Weight _____ Location _____ Passed Failed

Nitro Methane:

Weight _____ Location _____ Passed Failed

TNT:

Weight _____ Location _____ Passed Failed

PETN:

Weight _____ Location _____ Passed Failed

Dynamite:

Weight _____ Location _____ Passed Failed

Sodium Chlorate:

Weight _____ Location _____ Passed Failed

Potassium Chlorate:

Weight _____ Location _____ Passed Failed

Gun Powder:

Weight _____ Location _____ Passed Failed

Other: _____ Passed Failed

Other: _____ Passed Failed

BASIC CONTROL (Sit, Stay, Come, & Heel commands) 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