

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 447/1 et.seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Certification of Completion of Canine Handler Training

TRAINEE: *This is your permanent record of training -- a duplicate will not be issued.*

NAME (LAST, FIRST, MIDDLE INITIAL)

HOME STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

I hereby certify that I have completed the basic training checked below as required by the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004.

Signature of Trainee: _____ Date: _____

INSTRUCTOR: *This form is to be returned to the trainee after completion. This serves as the trainee's permanent record of completion of 180 hours of Canine Handler training.*

Check the following to confirm completion of the training by the applicant listed above in compliance with the guidelines outlined in the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004.

Canine Handler Training

Completed Canine Handler Training under Section 35-42 for a Detective or Security Contractor Agency

NAME OR IDENTIFICATION OF THE CANINE WITH WHICH THE CANINE HANDLER IS CERTIFIED TO WORK

THE PATROL AND/OR DETECTION SPECIALTY(S) THE CANINE HANDLER AND CANINE ARE CERTIFIED TO PERFORM

NAME OF AGENCY OFFERING TRAINING

AGENCY LICENSE NUMBER (117 OR 122 PREFIX ONLY)

CANINE HANDLER TRAINING COURSE

265 -

DATE TRAINING COMPLETED

EXAM SCORE

NAME OF CANINE INSTRUCTOR / LICENSE NUMBER

266 -

I hereby certify that the above-named trainee successfully completed the training checked above as required by the Illinois Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004.

Signature of Instructor: _____ Date: _____