

**National Police Canine Association
Concealed Human Certification
Score Sheet**

DATE: _____

LOCATION: _____

HANDLER'S NAME: _____

K-9'S NAME: _____

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

VEHICLE:

(Four Vehicles Containing Concealed Decoy (s)).

Number of hide's _____

Located _____ **Not Located** _____

Located _____ **Not Located** _____

TIME: _____

(Not to exceed 08 minutes)

Certifying Official & #: _____

AREA SEARCH:

(The area set for the Patrol Area Search can be used)

Number of hide's _____

Located _____ **Not Located** _____

Located _____ **Not Located** _____

TIME: _____

(Not to exceed 08 minutes)

Certifying Official & #: _____

INTERIOR SEARCH :

(The area Set for the Patrol Building Search can be used)

Number of hide's _____

Located _____ **Not Located** _____

Located _____ **Not Located** _____

TIME: _____

(Not to exceed 08 minutes.)

Certifying Official & #: _____

CERTIFICATION:

PASSED _____

FAILED _____

Certifying Official: _____

Certification requires 3 of 4 finds

