

National Police Canine Association
Tracking 1 Certification Score Sheet

TRACKING 1

DATE: _____ LOCATION: _____

HANDLER'S NAME: _____ K-9'S NAME: _____

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

Track or Trail layer's name: _____

Age of Track: _____ Approximate Distance: _____

Description of Articles Placed on Track: 1 _____
(Place the number of the article on diagram) 2 _____
3 _____
4 _____

	PASS	FAIL	Wind Direction: <input type="checkbox"/>	DIAGRAM
START	_____	_____		
EAGERNESS TO WORK	_____	_____		
1ST ARTICLE	_____	_____		
1ST TURN	_____	_____		
2ND ARTICLE	_____	_____		
2ND TURN	_____	_____		
3RD ARTICLE	_____	_____		
LAST ARTICLE/TRACK END	_____	_____		
CERTIFICATION:	PASS	FAIL		

Certifying Official: _____ number: _____

REMARKS: _____