

Certification # \_\_\_\_\_

Tracking 1-Trailing 1-Trailing 2  
(circle one)

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

	HANDLER	K-9	DEPARTMENT & STATE	TRACKING1	CO #	TRAILING 1	CO #	TRAILING 2	CO #	PAID
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

	ARTICLES
1	
2	
3	
4	

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Certifying Official & #

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