

National Police Canine Association

Trailing 2 Certification Score Sheet

Date of Certification: _____

Location of Certification _____
CITY STATE

Handler's Name: _____

K-9's Name: _____

Agency's Name: _____

DO NOT WRITE BELOW THIS LINE / FOR OFFICIAL USE ONLY

TEST CONDITION

Event 1

	PASS	FAIL	Notes:
Preparation of Dog	_____	_____	
Use of SCENT ARTICLE	_____	_____	
Start rural/greenbelt/park	_____	_____	
Work into Urban Contamination	_____	_____	

PASS (circle) FAIL

TEST CONDITION

Event 2

	PASS	FAIL	Notes:
Turn # 1 Street Intersection	_____	_____	
Turn # 2 into Alleyway	_____	_____	
Distraction of Pool Scent	_____	_____	
Work through Pool Scent	_____	_____	

PASS (circle) FAIL

TEST CONDITION

Event 3

	PASS	FAIL	Notes:
Turn # 3 into Greenbelt	_____	_____	
By Distractions (traffic)	_____	_____	
Through Contamination	_____	_____	
Across Hard Surface	_____	_____	

PASS (circle) FAIL

TEST CONDITION

Event 4

	PASS	FAIL	Notes:
Into Resident yard or Park	_____	_____	
Find located high or behind door	_____	_____	
Recognized Dog indication	_____	_____	
Handler Calling Find	_____	_____	*Must call correct to pass

PASS (circle) FAIL

CERTIFICATION - PASS (circle) FAIL

Officials Comments: _____

Officials Name & Number: _____ (No.) _____