

I certify that I am a certified Canine Handler and possess a Canine Handler Certificate.

I have provided a copy of my Canine Handler Certificate.

I understand the falsification of the above information may result in loss of benefit and/or adverse action.

Printed Name: _____

Signature: _____
Employee Date

Signature: _____
Supervisor Date

Please submit form and attachment(s) to:

California Department of Fish and Wildlife
Human Resources Branch
PO Box 944209
Sacramento, CA 94244-2090
Attention: Transactions Unit Analyst
Phone: 916-651-7658