

# S.O.C (Special Operations Committee)

## STANDARDS FOR TRAINING, REIMBURSEMENT, OUT OF JURISDICTION USE OF POLICE CANINES IN NORTH DAKOTA

Each Standard must be met in order to qualify for reimbursement for out of jurisdiction use  
Check all applicable standards met and enclose copies of certifications

- \_\_\_ 1. The Officer is a Licensed Law Enforcement Officer in North Dakota and is a full time employee of the agency and is recognized as a K9 handler with the Department. The K9 will either be owned by the Agency or its services will be contracted to the Department.
  
- \_\_\_ 2. The K9 team (Officer and K9) are certified in the following:
  - \_\_\_ PD I/ Patrol Work (Building Search, Criminal Apprehension)
  - \_\_\_ Detector Work (Narcotics, Explosives)
  - \_\_\_ Misc (Tracking, evidence recovery)
  
- \_\_\_ 3. There is a set policy approved by the Department that covers deployment and use of the K9 team.
  
- \_\_\_ 4. Each K9 team **WILL** have certification from a professional K9 organization approved by the committee. At quarterly meetings the board will hear recommendations for approval of new organizations to qualify for certification approval. So far the approved organizations include: U.S.P.C.A., M.C.A., C.P.C.A, and N.A.P.W.D.A.
  
- \_\_\_ 5. Each K9 team will certify each year for PD I/Patrol Work, Detection Work every two years if the organization allows it.
  
- \_\_\_ 6. Each K9 team **WILL** train, and maintain a record of the training to include after action review of the training; date of training; and hours of training. These records shall be kept for at least one year. Records of the K9 team's deployments, apprehensions and finds will be kept for the career of the K9 team.
  
- \_\_\_ 7. Each K9 team **WILL** have a **MINIMUM** of 48 hours of K9 training (classroom, hands on) per year. Training records and logs **MUST** reflect the training time and dates.
  
- \_\_\_ 8. Copies of the K9 teams Certificates, Training Records, and Department Policy are attached.

\_\_\_\_\_  
Signature (Chief/Sheriff)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Handler (Printed)

\_\_\_\_\_  
Signature of Handler

\_\_\_\_\_  
Department Name (Printed)

\_\_\_\_\_  
K9 name (Printed)  
(05-01-08)