



World Detector Dog Organization

*“Setting the Standard”*

**APPLICATION FOR MASTER TRAINER**

**CONTACT INFORMATION**

Applicant Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Other (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other (\_\_\_\_) \_\_\_\_ - \_\_\_\_

WDDO Membership Number \_\_\_\_\_

Current Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**EDUCATION / TRAINING** (Describe in detail all training and education you have that you feel is relevant to your application and that you wish to have considered in this process. List each institution or training source separately. Attach additional sheets of paper as needed for complete response.)

**1.** Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Instructor(s) \_\_\_\_\_

\_\_\_\_\_

Course Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Attendance: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_ Course Length \_\_\_\_\_

Training Completed? Y N Certificate Earned? Y N Certificate Attached? Y N

**2.** Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Course Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Attendance: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_ Course Length \_\_\_\_\_

Training Completed? Y N Certificate Earned? Y N Certificate Attached? Y N

**3.** Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Course Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Attendance: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_ Course Length \_\_\_\_\_

Training Completed? Y N Certificate Earned? Y N Certificate Attached? Y N

**4.** Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Course Description \_\_\_\_\_

\_\_\_\_\_

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Dates of Attendance: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_ Course Length \_\_\_\_\_  
Training Completed? Y N Certificate Earned? Y N Certificate Attached? Y N

**5.** Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Course Description \_\_\_\_\_

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Dates of Attendance: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_ Course Length \_\_\_\_\_  
Training Completed? Y N Certificate Earned? Y N Certificate Attached? Y N

**WORK EXPERIENCE** (Describe all work experience that you feel is relevant to your application and that you wish to have considered in this process. Attach additional sheets of paper as needed)

**1.** Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Supervisor(s) \_\_\_\_\_

Description of Duties \_\_\_\_\_

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Dates of Tenure: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_

**2.** Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Name(s) \_\_\_\_\_  
Supervisor(s) \_\_\_\_\_  
\_\_\_\_\_  
Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Tenure: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_

**3.** Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Name(s) \_\_\_\_\_  
Supervisor(s) \_\_\_\_\_  
\_\_\_\_\_  
Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Tenure: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_

**4.** Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Name(s) \_\_\_\_\_  
Supervisor(s) \_\_\_\_\_  
\_\_\_\_\_  
Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dates of Tenure: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_

**5.** Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Supervisor(s) \_\_\_\_\_

Description of Duties \_\_\_\_\_

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Dates of Tenure: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_

**6.** Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Contact Name(s) \_\_\_\_\_

Supervisor(s) \_\_\_\_\_

Description of Duties \_\_\_\_\_

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Dates of Tenure: Start \_\_ / \_\_ / \_\_ End \_\_ / \_\_ / \_\_

**Applicant Comments on Job Experience** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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**K9 SCENT DETECTION TEAMS TRAINED**

**Team 1**

Handler \_\_\_\_\_ K9 \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Odor(s) Team is Trained to Detect \_\_\_\_\_

Date Team Completed Training With/Applicant \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Team Completed Certification With WDDO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Team 2**

Handler \_\_\_\_\_ K9 \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Odor(s) Team is Trained to Detect \_\_\_\_\_

Date Team Completed Training With/Applicant \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Team Completed Certification With WDDO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Team 3**

Handler \_\_\_\_\_ K9 \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Odor(s) Team is Trained to Detect \_\_\_\_\_

Date Team Completed Training With/Applicant \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Team Completed Certification With WDDO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Team 4**

Handler \_\_\_\_\_ K9 \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Odor(s) Team is Trained to Detect \_\_\_\_\_

Date Team Completed Training With/Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Team Completed Certification With WDDO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Team 5**

Handler \_\_\_\_\_ K9 \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Odor(s) Team is Trained to Detect \_\_\_\_\_

Date Team Completed Training With/Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Team Completed Certification With WDDO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby affirm that all information provided by me on this form and in all other forms of communication with WDDO officials is true and correct to the best of my knowledge. I understand that all statements and claims made by me are subject to verification by WDDO officials or their properly appointed representatives. I further understand that if such statements are found to be false, misleading or in any manner untrue, this application and my membership in WDDO may be denied.

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FOR OFFICIAL USE ONLY BELOW THIS LINE** .....

This application has been reviewed and the applicant is hereby denied granted status as Master Trainer in World Detector Dog Organization

Names of Reviewing Officials

Signatures of Reviewing Officials

\_\_\_\_\_  
\_\_\_\_\_

