



World Detector Dog Organization

“Setting the Standard”

APPLICATION FOR 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 _____

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 _____

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 _____

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 __ / __ / __

Applicant Comments on Job Experience _____

K9 SCENT DETECTION TEAM 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 _____ / _____ / _____

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 false, 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

