

Thank you for your interest in being included into the State of Ohio K-9 TAC's database of Ohio's K-9 team assets. To begin this process we ask that complete the State of Ohio K-9 TAC Application and provide certain documentation of your team's training and certifications, depending on the discipline(s) in which you and your dog want to be made available.

The training requirements were agreed upon by the TAC membership based on national standards, National Incident Management System (NIMS) requirements, national association credentialing requirements, potential working environments and best practices. Many of the required training courses are available on-line and free of charge.

This is an Adobe Acrobat form file so you can complete it using your computer and print as many copies as you might need. However, you cannot save a completed copy form on your computer. If you prefer you can print out a blank copy and fill it out later. **Please print legibly.** The form itself should be self explanatory. Some things to remember are:

- ☞ Choose a primary certification (i.e. NAPWDA, IPWDA, NASAR, or FEMA.)
- ☞ Make copies of all certifications and training documentation
- ☞ Include a passport size photo of the handler or email one to [deanahudgins@gmail.com](mailto:deanahudgins@gmail.com) (not the dog)
- ☞ Provide a current FBI, local sheriff or BCI&I background check or NAPWDA or IPWDA certification
- ☞ Have the application **NOTARIZED.**

Please send all application materials to:

Operations Division Director  
Ohio Emergency Management Agency  
2855 West Dublin-Granville Road  
Columbus, Ohio 43235-2206

If you have any question please call (614) 889-7160 Monday – Friday 8 a.m. – 4 p. m.

**STATE OF OHIO  
K9 TAC RENEWAL APPLICATION**

**Date:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Can you respond anywhere in the state?** Yes \_\_\_\_ No \_\_\_\_

**Can you respond outside of Ohio?** Yes \_\_\_\_ No \_\_\_\_

**Does your organization have liability insurance?** Yes \_\_\_\_ No \_\_\_\_

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**K9 Affiliation:** Volunteer SAR Organization \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Fire Fighter \_\_\_\_\_

**Organization/Department Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

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**Number of Years Working K9?** \_\_\_\_\_

**What Discipline:** (Check all that apply)

**Area Search** \_\_\_\_\_ **Trailing/Tracking** \_\_\_\_\_ **Cadaver – Land** \_\_\_\_\_ **Cadaver – Water** \_\_\_\_\_

**Disaster – Live** \_\_\_\_\_ **Disaster – Water** \_\_\_\_\_

**Through What Agency:** (Check all that apply)

**NASAR** \_\_\_\_\_ **NAPWDA** \_\_\_\_\_ **IPWDA** \_\_\_\_\_ **FEMA** \_\_\_\_\_

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**Dog's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

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**YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL FOR THIS PURPOSE**

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand my application may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

SIGNATURE OF APPLICANT \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE NAMED APPLICANT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ IN THE COUNTY OF \_\_\_\_\_ AND THE

STATE OF OHIO.

(AFFIX SEAL BELOW)

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

**REQUIREMENTS FOR VOLUNTEER SEARCH AND RESCUE PERSONNEL**

**\*\*RENEWAL APPLICATION\*\***

**\*\*CURRENT COPIES OF ALL CERTIFICATIONS LISTED BELOW MUST BE SUBMITTED WITH THE APPLICATION.\*\***

- **Current K9 Certification from one of the following agencies; NAPWDA, NASAR, IPWDA and/or FEMA.**
- **First Aid and CPR**
- **Blood Borne Pathogens**
- **Background Check (Not needed if submitting NAPWDA or IPWDA certifications)**

**Additional Requirement for Cadaver – Land and Disaster:**

- **OSHA 1910 Respiratory Protection/Fit Test**