



Vermont Criminal Justice Council Canine Waiver Request (Handler and/or Canine)

This form must be used for agencies looking to obtain certification waivers for canine law enforcement professionals that are need certification extensions or waivers outside of annual mandated requirements. Select below which waiver you are requesting.

Last Name:	First Name:	MI:	DOB:
Last 4 SS#:	Agency:		
Canine Name:	Type of Canine Certification:		

Level of Certification:

Reason for Request: Medical FMLA Military Administrative Canine Medical
 Other—Please explain:

This form must be accompanied by documents to support the request. A letter (or a written explanation below) must also accompany the request and must indicate why the candidate /canine could not complete training within the specified time frame and/or any agency needs that should be considered upon review of the request.

To be filled in by Agency Head or Designee

Name:	Date:
Title:	

VCJC Staff Use

Approved Rejected By:	Date:
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Approved Time Frame for Completion: 30 Days 60 Days 90 Days Other