

DRUG BEAT K-9 CERTIFICATIONS

A Subsidiary of Hornbeck's Training Center

Agent Questionnaire

PLEASE FILL OUT AND RETURN TO ADDRESS BELOW

Please PRINT Clearly OR TYPE!

Your Full Name: _____

Address You Want Your Mail Sent To:

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Your Age _____ Male _____ Female _____

Address Where Certifications Will Be Performed:

City: _____ State: _____ Zip: _____

What Type of Training & Certifications Can or Will You Perform?

[] Narcotic Detection Yes [] No []

[] Patrol/Apprehension

[] Personal Protection. Do you have a bite suit? Yes [] No []

[] Tracking Yes [] No []

[] Search and Rescue Yes [] No []

[] Do you have a DEA license? Yes [] No []

[] Do you have narcotics at your disposal to certify with? Yes [] No []

[] Explain how _____

[] Police Tracking/Evidence Search Yes [] No []

Bomb or Pyrotechnics Detection/Arson Investigation

Temperament Testing (required for Patrol and Personal Protection Certifications)

Are You Willing to Perform Certifications for Both Law Enforcement and Non-Law Enforcement Entities, Including Security and Detection Companies, Other K-9 Trainers and Private Citizens for Personal Protection? Yes No

Your Kennel/Business Name: _____

Your Kennel/Business Address:

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Web-site address: _____

Business phone where we can reach you (_____)(_____)

Have You Trained For Law Enforcement Departments: Yes No

Number of Years you have handled a K-9 for a Law or Private Security Department:

Number of K-9s You Have Trained: _____

What Type of Training Have You Performed and Equipment Have You Used?

- Personal Protection/Patrol Muzzle Work Bite Suit Bite Sleeve
- Do You Do Decoy Work? YES NO

Narcotic Detection Bomb Detection Pyrotechnics Alcohol
Tracking/Evidence Search Trailing Air Scenting Obedience
French Ring Sport Schutzhund I Schutzhund II Schutzhund III

Other Describe: _____

How Many K-9 Handlers Do You Train Each Year?: _____

How Many Dogs Do You Keep At Your Facilities at the Same Time: _____

How Many K-9s Do You Own Personally?: _____

Please Give Three Personal References, Law Enforcement or Civilian, That We May Contact Regarding Your K-9 Training Experience:

REFERENCE OF PEOPLE YOU PERSONALY TRAINED AND SOLD DOGS TO.

Reference One: _____

Full Address: _____

City _____ Zip _____

Contact Phone Number: _____

Breed Of K-9 _____ Type Of Training _____

Reference Two: _____

Full Address: _____

City _____ Zip _____

Contact Phone Number: _____

Breed Of K-9 _____ Type Of Training _____

Reference Three: _____

Full Address: _____

City _____ Zip _____

Contact Phone Number: _____

Breed Of K-9 _____ Type Of training _____

Brief Description of Yourself and/or Your Business: (for advertising purposes)

Can you hold seminars at your training kennel or at your location? YES [] NO []

Can you help at other training k-9 training seminars? YES [] NO []

What types of training can you give lectures on?: _____

Protection/Patrol [] Narcotic Detection [] Tracking [] Trailing []

Air Scenting [] Bomb/Pyrotechnics/Firearm Detection []
Other [] Describe: _____

Are you qualified to testify as an expert witness on the above types of training?

YES [] NO []

-- If NO, are there any types of training you are qualified as an expert witness in?
Please describe: _____

Are you interested in becoming an expert witness as a DRUG BEAT agent for court testimony? YES [] NO []

Are you willing to assist other K-9 handlers with their K-9 problems? YES [] NO []

Signed: _____ Date: _____

Comments You May Have: _____

Are you willing to do a mailing to the law Departments of your state? Yes NO

Have you ever been convicted of a felony? Yes No

Please send copies of any schooling you have attended.

**AFTER COMPLETING ENTIRE FORM, ALONG WITH THE \$150.00 Fee:
PLEASE MAIL TO**

DRUG BEAT K-9 Certifications

4085 N Farm Road 249
Strafford, Missouri 65757

Phone 417 353-1596

FAX NUMBER
(417) 736-3239