



HIGH DESERT

POLICE K-9 ASSOCIATION

TRACKING 1

Handler Name: _____

Agency Name & State: _____

Dog Name: _____

Date: _____

Cert. #: _____

(DO NOT WRITE BELOW THIS LINE)

Track or Trail Layer's Name: _____

Age of Track: _____ Approximate Distance: _____

Wind Direction: _____

DIAGRAM

CERTIFICATION:

PASS

FAIL

CERTIFYING OFFICIAL: _____

CO #: _____

CERTIFYING OFFICIAL: _____

CO #: _____