Northern Michigan K-9 Inc. Handler Information Form

Date _____ **Years at Department**_____ **Age**_____

Handler_____ **Rank** _____

Department _____

Dept Address _____

_____

Dept Phone _____ **Dept Fax** _____

Supervisor & Rank _____ **Sup. Phone**_____

Finance Department (Person) _____**Phone** _____

Department Tax Exempt Number (Federal) _____

Full or Part-Time _____ **Shift (ex: 6A - 6P)** _____

Please rank the following in order of importance to your Department. 1 = most important, 4 = least important:
(Use all numbers 1 - 4, using each number only once. Please circle narcotic or explosive for detection)

Tracking_____ **Narcotic or Explosive Detection**_____ **Actual Bite Apprehension** _____ **Social**_____

Handler:
Home Address _____

_____

Home Phone _____ **Cell Phone** _____

E-Mail _____

In Case of Emergency Contact _____**Phone** _____

Supervisor Signature_____

PLEASE FILL OUT AND RETURN TO: NORTHERN MICHIGAN K-9, INC. 1820 SOUTH COOLIDGE AVENUE HARRISON, MICHIGAN 48625 OR FAX TO (989) 539-1600, (9a-9p) PRIOR TO START OF CLASS. Thank you

We respectfully request that Spouses/S.O.'s and/or children not attend