

**This form can be saved and then emailed to [registrations@uspca3.com](mailto:registrations@uspca3.com)**

**The United States Police Canine Association  
Region Three Inc.  
Police Dog Certification**

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Certification:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**C/S/Z:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (Necessary for last minute changes)

**E-mail:** \_\_\_\_\_ (You will receive an e-mail acknowledgment that your registration was received)

**K-9 Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Novice:** \_\_\_\_\_ **Need Plaque:** \_\_\_\_\_ **Need Plate:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **City:** \_\_\_\_\_

I hereby waive and relinquish the United States Police Canine Association, Inc(USPCA), Region Three, event organizers and associations of this event from any physical or mental injury to either myself or my canine. I also agree to abide by the rules established by the USPCA while attending this event. I accept responsibility for any damage caused either by myself or my canine to the hotel or any related events sites and/or location. I furthermore accept any responsibility for any injury or damage caused by either my canine or myself to any other person or property while attending this event.

**Participant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make Checks payable and mail to:** USPCA Region Three  
2726 North Wyoming Street  
Arlington, VA 22213  
**Fax To:** (888) 528-6610

You must be a full time member of the USPCA to participate. Certificate of certification issued to all qualifying teams.