



**The United State Police Canine Association
Region Five, Inc.**

EXECUTIVE BOARD
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Retirement Plaque Application

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Agency: _____

K9 Supervisor: _____

Agency Address: _____

City/State/Zip: _____ Phone: _____

K9 Name: _____ Age: _____ Breed: _____

Official date of retirement: _____ Dates of Service: _____ to _____

Region 5-sanctioned Trial attended: (Date and Location) _____

Mail application to: USPCA Region 5
11503 Ivory Rock Ct.
Cincinnati, Ohio 45240

Signature: _____ Date: _____

Criteria for the Canine Retirement Plaque:

- USPCA Region 5 membership must be in good standing at the time of retirement.
- Canine must have participated in a minimum of one (1) of the below USPCA, Region 5-sanctioned Trial.
 - PD I (Regional or Mini Trial)
 - PD II or Tracking
 - Detector Trial (Regional or Mini Trial)

Canine must have retired after implementation date as set forth by the USPCA, Region 5 Executive Board.

(TO BE COMPLETED BY THE USPCA REGION 5- EXECUTIVE BOARD MEMBER)

Received by: _____ **Date:** _____ **CRITERIA SATISFIED**

Meeting date: _____ **APPROVED** **DISAPPROVED**

Plaque ordered: _____ **Plaque received:** _____