

APPLICATION FOR A GUIDE OR SERVICE DOG CERTIFICATE NEW OR RENEWAL

USE THIS FORM if your dog was NOT trained by Assistance Dogs International or International Guide Dog Federation accredited schools and you are applying for a NEW Guide or Service Dog Certification, or you are renewing your Guide or Service Dog Certification.

Please complete this application form and email it to guideandservicedogs@gov.bc.ca or mail it to **Security Programs Division**, PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1. If you mail this form, please write "Attention: Guide Dog and Service Dog Program" on the envelope.

If you are a new applicant please submit with required photograph and confirmation from your veterinarian that your dog has been spayed or neutered. A Medical Form (SPD0803), confirming the requirement for a guide dog or service dog, must be completed by a medical or nurse practitioner as defined in the GDSD Regulation and sent directly to the Security Programs Division from the practitioners office. Once the Registrar is satisfied that the application package is complete and the completed Medical Form has been sent to the Security Programs Division, you will be notified to set up an assessment by Obedience Unleashed Dog Training Inc. (OUDT)

○ NEW cor	mplete sed	tions 1,	3,4 and 5	○ RE	NEWA	AL cor	mplete :	sectio	ns 1,2 a	nd 5		
PART 1: F	PERSON	AL INF	ORMATI	ION								
Name of Ap	plicant											
Surname Lega				Legal	gal Given Name					Middle Name		
Mailing Address					С	City				Province	Postal Code	
Date of Birth Contact Telephone YYYY MM DD Area Code & Phone No.				lo.			Contact Email					
Yes, I ha	ve attache	d a pas	sport quali	ty photo of	mysel	f] Yes, I	have	attache	d a copy of	my governme	nt issued photo ID
PART 2: [OOG INF	ORMA	TION FC	R RENEW	ALS	!						
Name of gu	ide or serv	ice dog						С	urrent c	ertificate #		
Do you cont of blindness		•	_		•	iving	as a res	ult	○Yes	○No		
				ation from C n the last 90			ny dog	and I	have su	ccessfully c	ompleted the	BC Guide dog
PART 3: [OOG INF	ORMA	TION FO	OR <u>NEW</u> A	PPLI	CAN	TS					
Name of guide or service dog				Dog's Date YYYY		f Birth MM	1		Breed			
Colour and	Markings				G	Gende	er			Microchip	number	
Are your do	g's inocul	ations (r	abies, diste	emper, parv	ovirus) up-	to-date)Yes	No		
Yes, I ha	ve attache	d certif	ication fror	n a BC veter	inaria	n or e	equivale	ent th	at my do	og has beei	n spayed or ne	utered

Ministry of Public Safety and Solicitor General

Policing and Security Branch, Security Programs Division PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1 Phone: toll-free 1-855-587-0185 Fax: 250 387-4454 Email: quideandservicedogs@gov.bc.ca

Website: http://www2.gov.bc.ca/gov/content/justice/human-rights/guide-and-service-dog

PART 4: TRAINING HISTORY	INFORMATION						
(Complete this section if you are ap	plying for a NEW certification	n)					
Please provide as much information training history.	as you can with regard to you	ır dog's training h	istory as	s well as you & you	ır dog's combined		
Training Schools:							
If you attended a training school(s) a	and/or program(s), please sup	ply the following i	informa	tion:			
Name of business:							
Mailing Address	City			Province	Postal Code		
Training School Contact Information							
Surname		First Name					
Contact Email		Contact Telephone Area Code & Phone No.					
Dates attended training	ntes attended training Name and/or type of training progr			Total number of training hours			
What did the curriculum include?/W	hat did you and your dog lear	n to do?:					
* If you need more space, please use ** Please send in any supporting do					rc.)		
Other:				, , , , , , , , , , , , , , , , , , , ,	,		
If you did not attend a training scho	 ol or formalized training progi	ram, please supply	y the fol	lowing informatio	n:		
In detail, please describe the training	that occurred						
Did you use a personal dog trainer?	If you used a personal dog tra did the trainer have?	ainer, what creder	ntials	How much time was spent training?			
Trainer's Name							
Surname		First Name					
Contact Email		Contact Telephone Area Code & Phone No.					
* If you need more space, please use ** Please send in any supporting do							
Training practice:							
How many hours did you spend prac please attach.	ctising the skills learned? (e.g.	. 20 hours/week fo	or 8 wee	ks) If you have a lo	ng of practice hours,		

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Specialized task	When performed
Example 1: dog pushes me to a safe place	Epileptic seizure is imminent
Example 2: dog picks up clothing items for me	When I am dressing
Example 3: dog prevents (autistic) child from running away	Outside when child starts moving away from close proximity to dog/caregiver

PART 5: CERTIFICATION

Specialized tasks dog performs

I certify that the information I have provided above is, to the best of my knowledge, true and complete. I understand that inaccurate, misleading, missing or false information may lead to denial or cancellation of my guide or service dog certificate. I agree adhere to any terms and conditions of certification.. I agree to the release of the information above to the Justice Institute for the purposes of the BC Guide dog and service dog assessment.

Printed Name of Applicant or Legal Guardian	Signature of Applicant or Legal Guardian	l Date Signed
Fillited Name of Applicant of Legal Guardian	j Signature of Applicant of Legal Guardian	Date Signed
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Thank you for completing the application questionnaire.

Collection Notice: All information regarding this application is collected under s. 26(a) and (c) of the *Freedom of Information and Protection of Privacy Act* as per the *Guide Dog and Service Dog Act* and its Regulation and will be used for the purpose of certifying guide and service dog teams in BC. If you have questions regarding the collection or use of this information, please contact a Policy Analyst at 1-855-587-0185 or the address below.

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