



# ACCREDITED SCHOOLS - APPLICATION FOR A GUIDE OR SERVICE DOG CERTIFICATE NEW or RENEWAL

USE THIS FORM if your dog was 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](mailto: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.

- NEW complete sections 1,3,4 and 5       RENEWAL complete sections 1,2 and 5

## PART 1: PERSONAL INFORMATION

Name of Applicant					
Surname		Legal Given Name		Middle Name	
Mailing Address			City	Province	Postal Code
Date of Birth YYYY	MM	DD	Contact Telephone Area Code & Phone No.	Contact Email	
<input type="checkbox"/> Yes, I have attached a passport quality photo of myself			<input type="checkbox"/> Yes, I have attached a copy of my government issued photo ID		

## PART 2: DOG INFORMATION RENEWALS

***(Complete this section if you are renewing your certification)***

Name of guide or service dog	Current certificate #
Do you continue to require the dog's assistance for daily living as a result of blindness, visual impairment or another disability? <input type="radio"/> Yes <input type="radio"/> No	

## PART 3: DOG INFORMATION NEW

***(Complete this section if you are applying for a NEW certification)***

Is your dog a guide or service dog?

Guide Dog (trained as guide for a blind person)

Service Dog (trained to perform specific tasks to assist a person with a disability)

If your dog is a service dog, what tasks does the dog do to assist you with daily living?

Name of guide or service dog	Dog's Date of Birth YYYY	MM	DD	Breed
Colour and Markings	Gender		Microchip number	

## PART 4: GRADUATION INFORMATION

*(Complete this section if you are applying for a NEW certification)*

Name of Assistance Dogs International or International Guide Dog Federation accredited school

Contact Surname

Contact First Name

Contact Email

Contact Telephone  
Area Code & Phone No.

Yes, I have attached written confirmation from the accredited training school that my dog and I have successfully completed the training program

## PART 5: CERTIFICATION

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 to adhere to any terms and conditions of certification.

Printed Name of Applicant or Legal Guardian

Signature of Applicant or Legal Guardian

Date Signed

**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.