



MARK-9 (a 501c3 organization)  
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## MARK-9 Certifying Statement

Please have your Commanding Officer/Officer in Charge/Canine Supervisor or  
Department Supervisor sign the below form verifying dates of service  
OR submit your department's formal retirement letter.

Name of Canine: \_\_\_\_\_ Breed: \_\_\_\_\_

Canine Date of Birth: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Reason for Retirement: \_\_\_\_\_

Canine Responsibility (for statistical purpose only) *check all that apply*

- Narcotics
- Patrol
- Explosive Detection
- Cadaver
- Search and Rescue
- Other \_\_\_\_\_

This letter is to certify the above Canine has served and retired from our agency.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

*All application are subject to verification.*