

**MAPWDA Spring Seminar &
NAPWDA Certification
May 18-22, 2026
Westover Air Reserve Base--Chicopee, MA
APPLICATION FORM**

APPLICANT INFORMATION			
Last Name	First Name	Email Address	
Street Address	City, State, Zip Code	Contact Phone #	
Date of Birth	Driver's License # and State		SSN
<i>Emergency Contact Name - Relationship to Handler</i>	<i>Phone #1</i>	<i>Phone #2</i>	

AGENCY INFORMATION		
Department	Agency Phone #	Agency Fax #
Street Address	City, State, Zip Code	
Cruiser License Plate #:		

CANINE INFORMATION			
Name	Breed	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
K9 Type <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Patrol <input type="checkbox"/> Narcotics <input type="checkbox"/> Cadaver <input type="checkbox"/> Tracking / Trailing <input type="checkbox"/> Explosives <input type="checkbox"/> SAR *** <input type="checkbox"/> Therapy Dog	K9 Ability Level <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Handler Ability Level <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Purpose of Attendance <input type="checkbox"/> Certification – NEW <input type="checkbox"/> Certification – RENEWAL <input type="checkbox"/> Training / Workshop Only <input type="checkbox"/> Trainer Hours Only
<input type="checkbox"/> Check for 1-Day Narcotics Certification only <input type="checkbox"/> Check for 1-Day Therapy Dog Certification only		<u>If certifying</u>, what areas of NAPWDA certification will you be attempting?	
<i>I certify that all canines I bring to this seminar are current on vaccines for rabies, kennel cough, and DHLPP (initial):</i> _____			

Select a size for your seminar t-shirt: S__ M__ L__ XL__ XXL__ XXXL__
See the MAPWDA Facebook page for the option to purchase additional t-shirts/sweatshirts