



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 11/15/10

Administrative Directive Number: **6.11** | Title: **Canine Unit**

I recommend the following inclusions to the above referenced Administrative Directive (provide detailed explanation):

Section 6. Canine Unit Member Selection, Appointment and Retention Criteria

Subsection A. Canine Handler

Part 2. Specific Standards: Include the following subparts and language;

“d. Connecticut State Permit to Carry Pistols and Revolvers. Any employee applying for appointment as a canine handler shall possess a valid Connecticut State Permit to Carry Pistols and Revolvers prior to applying for appointment and shall maintain said permit for the duration of their appointment as a canine handler.”

“e. Revocation and Suspension. Any canine handler whose State Permit to Carry Pistols and Revolvers is suspended, revoked, canceled or disqualified for any reason shall immediately report that fact to a canine supervisor and shall provide a copy of any court document and/or State Police Special Licensing and Firearms Unit documentation which states the reason and duration of a suspension, revocation, cancellation or disqualification.”

See attached documents

ORIGINATOR

Name: [Redacted] | Title: [Redacted] | Date: 01/05/2015

Signature: [Redacted] | Facility/Unit: [Redacted]

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: N/A	Date:
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: N/A <small>(only needed if originating from facility)</small>	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>W. Arnold</i>	Date: 1/6/15

COMMISSIONER'S DECISION

This request is: **APPROVED** **DENIED** Effective date of request: 1/12/15

The language/provisions of this inclusion/revision shall be effective as of: _____ and subsequently added to the Administrative Directive at the next update.

This inclusion/revision shall be added to the Administrative Directive prior to: _____

This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature: *[Signature]* | Date: 1/12/15



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Section 6. Canine Unit Member Selection, Appointment and Retention Criteria

Subsection B. Canine Unit Supervisor

Part 2. Specific Standards: Include the following subparts and language;

“d. Connecticut State Permit to Carry Pistols and Revolvers. Any employee appointed as a canine unit supervisor shall possess a valid Connecticut State Permit to Carry Pistols and Revolvers prior to appointment and shall maintain said permit for the duration of their appointment as a canine unit supervisor.”

“e. Revocation and Suspension. Any canine unit supervisor whose State Permit to Carry Pistols and Revolvers is suspended, revoked, canceled or disqualified for any reason shall immediately report that fact to the Director of Tactical Operations and shall provide a copy of any court document and/or State Police Special Licensing and Firearms Unit documentation which states the reason and duration of a suspension, revocation, cancellation or disqualification.”

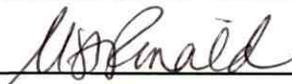
See attached documents

ORIGINATOR

Name: Dennis Roche | Title: Director of Tactical Operations | Date: 01/05/2015

Signature:  | Facility/Unit: Central Office / Operations

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: N/A	Date:
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: N/A <small>(only needed if originating from facility)</small>	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: 	Date: 1/6/15

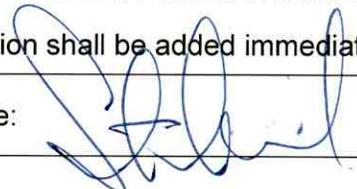
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