



# Dog Scouts of America SAR Agility- Levels Merit Badge

Dog's Name: \_\_\_\_\_, DSA Handler: \_\_\_\_\_

This certificate certifies that the dog and handler team above have fulfilled the requirements of this Merit Badge, according to the high standards set out by Dog Scouts of America. This dog was trained to perform the specified behaviors using positive training and the handler demonstrated the required knowledge.

Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Cut at line above, keep top portion for your records, and send the bottom portion to DSA for processing.

### Instructions:

1. Fill out this form completely and **legibly**. Once the badge requirements are met, the Evaluator (either in-person or the Evaluator that viewed your video) will sign the completed form certifying that you and your dog met the badge requirements.
2. Cut the form at the designated line and mail only the bottom portion to the:
  - o DSA Recognition Program Director - Chris Puls 28359 Andres Rd, Brookville, IN 47012
3. Include \$25 in the form of a check or money order made payable to Dog Scouts of America.
4. Optional: Include \$3 for each additional patch, if any, that you would like of this badge.
5. File the top half of this form in your records or Dog Scout notebook.



## SAR Agility- Levels Badge Form

Dog's Name: \_\_\_\_\_ DSA Handler's Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Troop #: \_\_\_\_\_

I would like \_\_\_\_\_ additional patches of this merit badge (I have included for \$3 each)

*The signatures below certify that the dog and handler team above have fulfilled the requirements of this Merit Badge, according to the standards set out by Dog Scouts of America. Signature of handler verifies that this dog was trained to perform the specified behaviors using positive training, the dog has earned the Dog Scout Title, and the handler is a current member in good standing of DSA.*

Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluation done:

In Person

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

At Camp

By Video

Evaluator print name: \_\_\_\_\_

For office use: \_\_\_/\_\_\_/\_\_\_ Rec'd \_\_\_ Verify Membership \_\_\_ Notified of needs \_\_\_ Database Entry  
\_\_\_/\_\_\_/\_\_\_ Mailed \_\_\_ Monthly tally \_\_\_ SM database \_\_\_ Verified Log