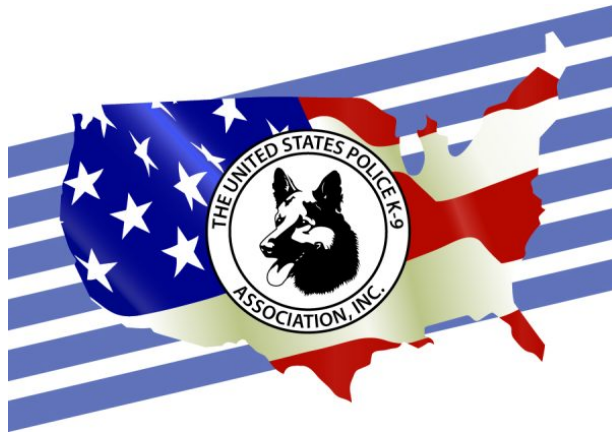


UNITED STATES POLICE CANINE ASSOCIATION INC.



**REGION #6 EXPLOSIE CERTIFICATION**

**LOCATION:** Saint Katharine Drexel Shrine - 1663 Bristol Pike, Bensalem Pa. 19020

**DATE:** March 19<sup>th</sup>, 2025

**TIME:** 8:30 AM

**FEE:** \$40.00 for Region 6 members, \$60.00 all other USPCA Members. (Must be a member of the USPCA)

**INFO CONTACT:** Robert Ungurean [runglean@uspca6.com](mailto:rungurean@uspca6.com) (C) 215-527-5743

Robert Schwarting [rschwarting@uspca6.com](mailto:rschwarting@uspca6.com) (C) 610-291-3911

Larry Love [llove@uspca6.com](mailto:llove@uspca6.com) (C) 267-334-6285

DEADLINE FOR REGISTRATION IS: March 15<sup>th</sup>, 2025

PAYMENT MUST ACCOMPANY REGISTRATION - NO WALK INS.

MAILTO: USPCA REGION 6  
10717 Pelle Circle  
Philadelphia, PA 19154-4046

Name: \_\_\_\_\_  
(As you want it to appear on certificates)

Department: \_\_\_\_\_

K9 Name: \_\_\_\_\_

Email: \_\_\_\_\_

\*Need a Plaque? Yes \_\_\_\_\_ No \_\_\_\_\_ \*Need a Plate? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*If you have certified in the past then you will only need a plate unless your current Plaque is full or you are certifying with a new dog.**

WAIVER OF LIABILITY

I hereby waive and relinquish the United States Police Canine Association, Inc. Region #6, United States Police Canine Association, Inc., event organizers, and associates of this event from any physical and/or mental injury to myself or my canine. I also agree to abide by the rules established by the U.S.P.C.A. while attending this event. I certify that my canine is up to date on all shots and vaccinations. Furthermore, I accept full responsibility for any damage caused by either my canine or myself to any other person or property while attending this event.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_