

COUNTER-IED K9 HANDLER COURSE

WHEN:

May 27-29, 2025

0800-1630

WHERE:

Upland Police Department
1499 W. 13th Street, Upland, CA
91786

Taught by two experienced bomb technicians, this 3-day course is designed to provide K9 handlers with the skills necessary to effectively respond to IED incidents, blast scenes, bomb threats, suspicious packages, or searches, whether as a law enforcement K9 officer or K9 security professional. The purpose is to elevate your personal counter-IED response skills.

COST AND CONTACT INFO

\$1050 PER PERSON

Gary Morgan

INFO@INTEGRATEDEODCONCEPTS.COM

(909) 261-4525

TOPICS:

ROLES & RESPONSIBILITIES

RESPONSE PROCEDURES

STAY SAFE PROTOCOLS

TACTICAL IED QUESTIONING

IED CUES & INDICATORS

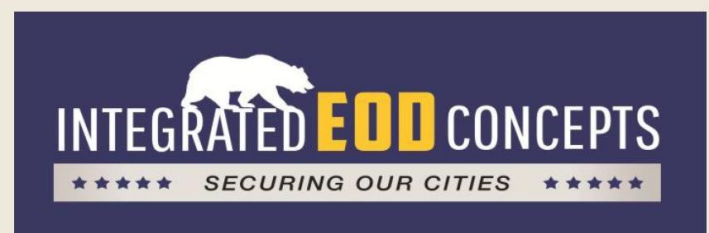
ASSESSING THREATS

BOMB THREATS

**PACKAGE & SCENARIO
LANES**

IED INCIDENT REVIEWS

CERTIFICATE ISSUED





COUNTER-IED K-9 TEAM Operations Course

Integrate EOD Concepts LLC reserves the right to cancel the course 30 days out if minimum class size is not met.
Please do not make any non-refundable travel arrangements before this time.

REGISTRANT INFORMATION

FULL NAME: _____
AGENCY: _____ RANK: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
BUSINESS EMAIL: _____
AGENCY PHONE: _____ CELL: _____

PAYMENT INFORMATION

Checks: Mail from and check to: Integrated EOD Concepts, P.O. Box 7475, La Verne, CA 91750

Credit Card: If paying by Credit Card, please complete information below.

NAME OF CARDHOLDER: _____
BILLING ADDRESS: _____
COST: \$1050 per person _____
CARD NUMBER: _____
CARD HOLDER EMAIL ADDRESS: _____
EXP. DATE: _____

Card Type: Visa MasterCard Discover American Express

Payments will be processed 30 days prior to start of course. You will receive a payment confirmation via email once your payment has been processed.

Student Liability Waiver: In consideration of my attendance and participation in the Integrated EOD Concepts training course, I hereby, for myself, my heirs, executors, administrators, and assignees, waive and release any and all rights and claims for damages I may have or may accrue against Integrated EOD Concepts, its instructors, for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student Signature: _____ Date: _____



P.O. Box 7475, La Verne, CA 91750
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