



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

Phone: (406) 444-9975
Fax: (406) 444-9978

APPLICATION FOR AWARD OF CERTIFICATE

Instructions: The applicant completes this form and forwards it to the agency head for his or her recommendation. The agency head then forwards the completed form and all attachments to the POST Council. The Council notifies the agency head of the action taken.

Full Name _____ Agency Name _____
POST ID Number _____ Rank/Title _____
Date of Birth _____ Date Employed by Present Agency _____

Field of Employment

- Peace Officer Public Safety Communication Officer ADULT Probation & Parole Officer
 Corrections/Detention Officer Motor Carrier Services Officer JUVENILE Probation & Parole Officer

Certificate Applied for:

Date of Promotion (required for Supervisory, Command & Administrative) _____

- Basic Basic Equivalency Intermediate Advanced Supervisory Command Administrative

Officer Experience *Attach additional pages as necessary.*

Agency _____ Agency _____
 Agency Location _____ Agency Location _____
 Dates of Employment _____ Dates of Employment _____
 Highest Rank _____ Highest Rank _____

Officer Training *Training must be supported by copies of POST transcripts.*

College Education *Education must be supported by copies of transcripts, diplomas or other verifying documents.*

College and Location _____ Dates Attended _____
 Course of Study _____ Hours Completed _____
 Major _____ Minor _____ Quarter Semester
 Degree Received AA BA BS MA MS

Applicant Certification

I attest that the information contained on this application is true and correct to the best of my knowledge.

_____ **Signature of Applicant** _____ **Date**

Agency Recommendation

I recommend that the certificate be awarded. I certify that the applicant has complied with the minimum standards set forth in the Administrative Rules of Montana, is of good moral character and is worthy of the award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.

_____ **Signature of Agency Head** _____ **Date**

POST Council Use Only	
Approved for _____	Approved by _____
Date Mailed _____	