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## Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

[dojmt.gov/post](http://dojmt.gov/post)

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

### **POST NEW HIRE CHECKLIST**

This form is for the use of public safety agencies and need **NOT** be returned to POST.  
For more information, see § 7-32-303, MCA and ARMs 23.13.201-23.13.205

Applicant Name: \_\_\_\_\_

Is the applicant a U.S. Citizen?                      Yes                      No

Is the applicant at least 18 years of age?      Yes                      No

Have you run the applicant's fingerprints?                      Yes                      No

Has the applicant been convicted of a crime for which they could have been imprisoned?  
   Yes                      No

Does the applicant have a high school diploma or equivalent?                      Yes                      No

Have you conducted an oral interview?                      Yes                      No

Have you conducted a thorough background check?                      Yes                      No

Is the applicant in good standing with other state POST agencies?                      Yes                      No

Does the applicant possess a valid driver's license?                      Yes                      No

Has the applicant received examinations to determine s/he is free of any mental or physical condition that might adversely affect performance by the applicant (*peace officers only*)?                      Yes                      No

Have you checked the National Decertification Index (*link below*)?                      Yes                      No

<https://iadlest.org/Home.aspx>

***\*Don't forget to send in a Notice of Appointment form to POST within 10 days of appointment!***



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### **DECLARATION OF MEDICAL CONDITION**

§ 7-32-303(2)(h), MCA

*\* Please Note: This form is provided for use by employing agencies. This form does not need to be sent to the Montana POST Council Office*

#### **Applicant Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

#### **Appointment and Department Information:**

Agency: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attention Examining Professional:** *The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.*

I certify that I am a Licensed Physician or Health Care Provider, that I am not the applicant's primary care provider, and I have completed an evaluation of the examinee's physical health and have concluded that on this date the examinee is found to be physically qualified for service as a peace officer in Montana.

Provider: \_\_\_\_\_  
Printed Name State License Number Phone Number

Mailing Address: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Date of Examination(s) Signature Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.**



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### **DECLARATION OF MENTAL CONDITION**

§ 7-32-303(2)(g), MCA

*\* Please Note: This form is provided for use by employing agencies. This form does not need to be sent to the Montana POST Council Office*

#### **Applicant Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

#### **Appointment and Department Information:**

Agency: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attention Examining Professional:** *The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.*

I certify that I am a Licensed (check one) ☐ Physician or ☐ Mental Health Professional, that I am not the applicant's primary care provider, and I have completed an evaluation of the examinee's mental health and have concluded that on this date the examinee is found to be mentally qualified for service as a peace officer in Montana.

Provider: \_\_\_\_\_  
Printed Name State License Number Phone Number

Mailing Address: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Date of Examination(s) Signature Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN OR MENTAL HEALTH PROFESSIONAL.**



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[dojmt.gov/post](http://dojmt.gov/post)

## **NOTICE OF APPOINTMENT**

*This form is to be completed and forwarded to the POST Council at the above address within 10 days of hire.*

*See § 7-32-303(4), M.C.A. and ARM 23.13.216*

### **AGENCY INFORMATION**

Agency Name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency E-mail: \_\_\_\_\_

Agency Contact (Person completing this form): \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Contact's E-mail: \_\_\_\_\_

### **EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_ Maiden Name/Alias: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Rank: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **APPOINTMENT INFORMATION**

Date of Appointment: \_\_\_\_\_

Officer Type (check all that apply):

Peace Officer

Corrections/Detention Officer

Coroner

Deputy Coroner

Public Safety Communications Officer

Reserve Officer

Juvenile Detention

Adult Probation & Parole

Sheriff

Pretrial Service Officer

Misdemeanor Probation Officer

Other \_\_\_\_\_

Have you checked the National Decertification Index (for new appointments, link below)?

Yes

No

<https://www.iadlest.org/our-services/ndi/about-ndi>

*I certify the above information is true and meets the requirements of the State of Montana and the POST Council.*

\_\_\_\_\_  
Official's Name and Title-Printed

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date



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Phone: (406) 444-9975  
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## **NOTICE OF RANK CHANGE**

### **AGENCY INFORMATION**

Agency Name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency E-mail: \_\_\_\_\_

Agency Contact (Person completing this form): \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Contact's E-mail: \_\_\_\_\_

### **EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_ Maiden Name/Alias: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **RANK CHANGE INFORMATION**

Date of Rank Change: \_\_\_\_\_

#### **Notice of PROMOTION:**

Prior Rank/Title: \_\_\_\_\_

Current Rank/Title (select all that apply):

Sheriff	Undersheriff	Coroner	Chief
Assistant Chief	Dispatch Supervisor	Detention Commander	Colonel

#### **Notice of DEMOTION:**

Prior Rank/Title (select all that apply):

Sheriff	Undersheriff	Coroner	Chief
Assistant Chief	Dispatch Supervisor	Detention Commander	Colonel

Current Rank/Title: \_\_\_\_\_

I certify the above information is true and meets the requirements of the State of Montana and the POST Council.

\_\_\_\_\_  
Official's Name and Title-Printed

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date



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## **NOTICE OF TERMINATION**

*This form is to be completed and forwarded to the POST Council at the above address within 10 days of termination, resignation, retirement or death. See § 7-32-303(4), M.C.A. and ARM 23.13.216*

### **AGENCY INFORMATION**

Agency Name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency Contact (Person completing this form): \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Contact's E-mail: \_\_\_\_\_

### **EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

### **TERMINATION INFORMATION**

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Officer Type (check all that apply):

Peace Officer

Deputy Coroner

Corrections/Detention Officer

Public Safety Communications Officer

Reserve Officer

Juvenile Detention

Adult Probation & Parole

Sheriff

Coroner

Pretrial Service Officer

Misdemeanor Probation Officer

Other \_\_\_\_\_

Type of Termination (check one):

Resigned

Retired

Involuntary\*

Resigned Under Investigation\*

Medically Disabled

Deceased

Other \_\_\_\_\_

\*Explanation of circumstances (attach additional sheets/reports if necessary):

*I certify the above information is true and meets the requirements of the State of Montana and the POST Council.*

\_\_\_\_\_  
Official's Name and Title-Printed

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date



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### **APPLICATION FOR EXTENSION OF TIME FOR A POST TRAINING REQUIREMENT**

**Instructions:** The agency head should complete and sign this form. The agency should then forward the completed form to the POST Council at the address above. The Council will notify the agency head of action taken.

#### **Agency Information**

Agency Name: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency E-mail: \_\_\_\_\_

Agency Contact (Person completing this form): \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Contact's E-mail: \_\_\_\_\_

#### **Employee Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

#### **Training for Which Extension is Required (check all that apply):**

Law Enforcement Officer Basic

Corrections/Detention Officer Basic

Coroner Continuing Education

Coroner Basic

Probation & Parole Basic

Public Safety Communications Officer Basic

Pretrial Service/Misdemeanor Probation Officer Basic

#### **Reason for Extension Request:**

*I certify the above information is true and meets the requirements of the State of Montana and the POST Council.*

\_\_\_\_\_  
Official's Name and Title-Printed

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date

#### **POST Council Use Only**

Approved by \_\_\_\_\_

Date \_\_\_\_\_



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### **BASIC EQUIVALENCY REQUEST FORM**

**Instructions:** The agency head should complete and sign this form. The agency should then forward the completed form and attachments to the POST Council at the address above. The Council will notify the agency head of action taken.

#### **Officer's Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Montana Agency Name: \_\_\_\_\_

Date Hired by Montana Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Field of Employment (check one):**

Peace Officer

Corrections/Detention Officer

*Note, there is only equivalency for Law Enforcement Officer Basic and Correction/Detention Officer Basic.*

**Did the officer complete a Basic course?**

**Yes**

**No**

**Basic course completion date:** \_\_\_\_\_

**Basic course location:** \_\_\_\_\_

**If No; what training has the officer had in lieu of a Basic course?** \_\_\_\_\_

*\*Please attach documentation to indicate the officer's successful completion of the training, such as a certificate of completion.*

**Have you attached documentation of the officer's successful completion of the above training?**

**Yes**

**No**

**Does the officer hold Basic certification from POST or an agency equivalent to POST?**

**Yes**

**No**

**If Yes, Name of the agency:** \_\_\_\_\_

**Date certificate was issued:** \_\_\_\_\_

**Is the officer in good standing with this agency?**

**Yes**

**No**

**\*Attach a notarized release of information so that POST may verify officer's eligibility for equivalency. The release the officer signed for his/her employment background check is sufficient. POST also has a release form available upon request.**

**Have you attached a notarized release of information?**

**Yes**

**No**

*\*Please attach a copy of the officer's out-of-state basic certificate and out-of-state POST training transcript if available.*

**Have you attached a copy of the officer's out-of-state basic certificate?**

**Yes**

**No**

**Unavailable**

**Have you attached a copy of the officer's out-of-state POST training transcript?**

**Yes**

**No**

**Unavailable**

*\*Please attach documentation of the officer's employment history.*

**Have you attached documentation of the officer's employment history?**

**Yes**

**No**

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

\_\_\_\_\_  
*Printed Name of Agency Head*

\_\_\_\_\_  
*Signature of Agency Head*

\_\_\_\_\_  
*Date*

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**POST Council Use Only**

Approved by \_\_\_\_\_

Date \_\_\_\_\_

EQ Type ☐ Peace Officer

☐ Corrections/Detention Officer



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### **APPLICATION FOR AWARD OF BASIC CERTIFICATE**

ARM 23.13.206

**Instructions:** The applicant may complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form and attachments to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Hired by Current Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Field of Employment (check one):**

Peace Officer

Public Safety Communications

Corrections/Detention

Probation & Parole

Coroner/Deputy Coroner

Misdemeanor Probation/Pretrial Services

**Please note the requirements for the Basic Certificate are:**

**1) you must successfully complete a POST-Approved Basic course in the discipline for which you seek the certificate**

**Did you complete a POST-Approved Basic Course?**

Yes

No

**Basic course completion date:** \_\_\_\_\_

**Basic Course #:** \_\_\_\_\_

**2) you must be employed with your current employer for one full year in the discipline for which you seek the certificate.**

**Have you been employed with your current employer for one year or more?**

Yes

No

**If you do not meet these requirements, you will not be issued a Basic Certificate.**

**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 this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

\_\_\_\_\_  
*Printed Name of Agency Head*

\_\_\_\_\_  
*Signature of Agency Head*

\_\_\_\_\_  
*Date*

*E-mail:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

**POST Council Use Only**

Approved for Basic:

PO ☐

PSC ☐

P&P ☐

C/D ☐

Coroner ☐

MP/PS ☐

By \_\_\_\_\_

Date \_\_\_\_\_



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### **NOTICE OF QUALIFICATIONS FOR RESERVE CERTIFICATE AND APPLICATION FOR AWARD OF RESERVE CERTIFICATE**

§§ 7-32-214, 44-4-403, MCA

**Instructions:** The reserve officer must complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form and attachments to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Hired by Current Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please note the requirements for the Reserve Certificate are:**

**1) you must successfully complete the training outlined in [§ 7-32-214, MCA](#).**

Did you complete the training outlined in [§ 7-32-214, MCA](#)?      Yes      No

Training completion date: \_\_\_\_\_

**2) you must be a reserve with your current agency for one full year.**

Have you been a reserve with your current agency for one year or more?      Yes      No

**3) you must meet the definition of a reserve officer in [§ 7-32-201\(6\), MCA](#), meaning you must be a sworn, part-time, volunteer member of a law enforcement agency.**

Have you been sworn?      Yes      No

Are you part-time?      Yes      No

Are you a volunteer? (Note volunteers cannot be paid a wage)      Yes      No

**4) you must meet the residency requirement of [§ 7-32-213, MCA](#), meaning you must have lived in Montana for at least one year, and you must have lived in the county in which you are a reserve officer for at least six months.**

Have you been a resident of Montana for at least one year?      Yes      No

Have you been a resident of the county in which you are a reserve for at least six months?

Yes      No

5) you must meet the requirements of [ARM 23.13.205](#), including subscribing to the code of ethics contained in ARM [23.13.203](#).

Have you subscribed to the code of ethics pursuant to ARM [23.13.203](#)?

Yes

No

If you do not meet these requirements, you will not be issued a Reserve Certificate.

**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 training set forth in [§ 7-32-214, MCA](#), has been a sworn, part time volunteer with this agency for at least one year, has sworn an oath regarding the code of ethics, is of good moral character and is worthy of this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.

\_\_\_\_\_  
Printed Name of Agency Head

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Date

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

State of Montana

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

**POST Council Use Only**

Approved for Reserve Basic:

By \_\_\_\_\_

Date \_\_\_\_\_



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### **APPLICATION FOR INDIVIDUALS SEEKING POST CREDIT HOURS FOR ONLINE, OUT OF STATE, AND OTHER COURSES**

ARM 23.13.301 & 23.13.302

**Instructions:** This form is to be completed and submitted by an officer who attended training (including online training) which was not already approved for POST credit hours. This form must be submitted after the training takes place. This form must be submitted within one year of completion of the training. This form is the only document the individual needs to submit to POST.

#### **Applicant Information:**

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### **Requirements:**

**Please note the requirements for POST credit are:**

**1) if the course is taught by a Montana public safety officer, the officer must be a certified instructor. If the course is not taught by a Montana public safety officer, you must retain the instructor biography.**

- Is the instructor/s a Montana public safety officer? Yes No

- If the instructor/s is a Montana public safety officer, does the instructor/s have a POST instructor certificate? Yes No N/A

- If the instructor/s is not a Montana public safety officer, do you have a copy of the instructor's biography/ies? Yes No N/A

- If you do not have a copy of the instructor's biography, and you wish to request a waiver of the requirement that you retain the instructor's biography, please outline the efforts you made to obtain the biography below:

- Do you have a copy of the documentation of the above efforts? Yes No

**2) you must complete this application and retain all required materials. Do NOT submit the materials to POST with this application.**

Do you have the following materials:

- a copy of the course certificate of completion? Yes No

- course outline, lesson plan, or agenda? Yes No

- study guide or course syllabus? Yes No

- student materials & handouts? Yes No

**3) the course must be a minimum of two hours in length**

Is the course at least 2 hours in length? Yes No

**4) the course must be open and advertised to all public safety agencies**

Is the course open and advertised to all public safety agencies? Yes No

Do you have a copy of the course advertisement? (Not necessary for online courses)

Yes No

**5) you must attend a minimum of 90% of the training**

Did you attend a minimum of 90% of the training? Yes No

***If you do not meet these requirements, you will not receive POST credit hours. The documents which you are required to retain may be audited by POST on a random basis.***

**Course Information:**

Course Name: \_\_\_\_\_

Date Taken: \_\_\_\_\_ Number of Course Hours: \_\_\_\_\_

Course Provider: \_\_\_\_\_ Course Location: \_\_\_\_\_

Provider Website: \_\_\_\_\_

**Certification of Applicant:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of ARMs 23.13.301 and 23.13.302 have been met. I certify that I should be granted POST Training Credit Hours for this course.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Certification of Agency:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of ARMs 23.13.301 and 23.13.302 have been met. I certify that this officer should be granted POST Training Credit Hours for this course.*

\_\_\_\_\_  
*Printed Name of Agency Head*

\_\_\_\_\_  
*Signature of Agency Head*

\_\_\_\_\_  
*Date*

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*For Special Courses (Instructor Development, Firearms Instructor & SWAT Primary, proceed to page 3.**

For POST Staff Use:

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date



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Phone: (406) 444-9975

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### **CERTIFICATION FOR INDIVIDUALS SEEKING POST CREDIT HOURS FOR SPECIAL COURSES**

ARM 23.13.212, 23.13.215 & 23.13.217

**Instructions:** This page is ONLY to be completed and submitted by an officer who attended an Instructor Development, Firearms Instructor or SWAT Primary course which was not already approved for POST credit hours. This page must be submitted as part of the Application for Individual Seeking POST Credit Hours for Online, Out of State and Other Courses.

**BEFORE YOU CERTIFY THIS DOCUMENT:** There are additional requirements for special courses as follows:

<b>Instructor Development ARM 23.13.212</b>	<b>Firearms Instructor ARM 23.13.215</b>	<b>SWAT Primary ARM 23.13.217</b>
<ul style="list-style-type: none"><li>○ Minimum 40 Hours</li><li>○ 12 Hours of Curriculum Design</li><li>○ 8 Hours of Adult Learning</li><li>○ 8 Hours of Foundation Skills for Trainers</li><li>○ 8 Hours of Training Prep and Delivery</li><li>○ 4 Hours of Context of training</li></ul>	<ul style="list-style-type: none"><li>○ Minimum 40 Hours</li><li>○ Firearms Safety</li><li>○ Role of Instructor</li><li>○ Civil &amp; Criminal Liability Exposure</li><li>○ Instructional Techniques</li><li>○ Operation of Firing Line</li><li>○ Range Preparation</li><li>○ Handgun</li><li>○ Disabled Officer Techniques</li><li>○ Low Light Shooting Techniques</li></ul>	<ul style="list-style-type: none"><li>○ Minimum 40 Hours</li><li>○ Team Communication, Team Make-up</li><li>○ Confrontation Management</li><li>○ Weapons, Munitions, and Equipment</li><li>○ Team Movement and Interior Tactics</li><li>○ Open Air/Mobile Assault, Downed Officer</li><li>○ Citizen Rescue, Chemical Agents/Diversionary Device/Less Lethal, Practical Exercises, and Legal Issues</li></ul>

**Ensure any of the above courses meet these requirements!**

#### **Certification of Applicant:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of the corresponding special course ARMs have been met. I certify that I should be granted POST Training Credit Hours for this course.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### **Certification of Agency:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of the corresponding special course ARMs have been met. I certify that this officer should be granted POST Training Credit Hours for this course.*

\_\_\_\_\_  
Printed Name of Agency Head

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Date

For POST Staff Use:

\_\_\_\_\_  
Reviewed by

~16~

\_\_\_\_\_  
Date



## Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

[dojmt.gov/post](http://dojmt.gov/post)

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

### APPLICATION FOR POST CREDIT HOURS FOR A TRAINING

ARM 23.13.301 & 23.13.302

**Instructions:** This form is to be completed and submitted by the individual or agency offering training. This form and a POST roster are the only documents the individual or agency needs to submit to POST. This form and the POST roster must be submitted within one year of the training.

#### Course Information:

Course Name: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Course Location: \_\_\_\_\_

Number of Course Hours: \_\_\_\_\_

#### Requirements:

**Please note the requirements for POST credit are:**

**1) if the course is taught by a Montana public safety officer, the officer must be a certified instructor. If the course is not taught by a Montana public safety officer, you must retain the instructor biography.**

- Is the instructor/s a Montana public safety officer? Yes No

- If the instructor/s is a Montana public safety officer, does the instructor/s have a POST instructor certificate? Yes No N/A

- If the instructor/s is not a Montana public safety officer, do you have a copy of the instructor's biography/ies? Yes No N/A

- If you do not have a copy of the instructor's biography, and you wish to request a waiver of the requirement that you retain the instructor's biography, please outline the efforts you made to obtain the biography below:

- Do you have a copy of the documentation of the above efforts? Yes No

**2) you must complete this application and retain all required materials. Do NOT submit the materials to POST with this application.**

Do you have the following materials:

- course outline, lesson plan, or agenda? Yes No

- study guide or course syllabus? Yes No

- student materials & handouts? Yes No

**3) the course must be a minimum of two hours in length**

Is the course at least 2 hours in length? Yes No

**4) the course must be open and advertised to ALL public safety agencies**

Is the course open and advertised to <u>ALL</u> public safety agencies?	Yes	No
Do you have a copy of the course advertisement?	Yes	No

***If the course does not meet these requirements, it will not receive POST credit. The documents which you are required to retain may be audited by POST on a random basis.***

**Sponsoring Agency Information:**

Agency Name: \_\_\_\_\_ Agency E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

**POST Bulletin Board Information:**

*(All courses which are granted POST Credit Hours will be posted on POST's Bulletin Board webpage.)*

If the training has a link that you wish to have posted, please provide it here:

\_\_\_\_\_

Please provide the contact person/information you wish to have posted for registration and other questions:

\_\_\_\_\_

Name

\_\_\_\_\_

Contact Information

**Certification:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of ARM 23.13.301 have been met. I certify that this course should be granted POST Training Credit Hours.*

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**\*For Special Courses (Instructor Development, Firearms Instructor & SWAT Primary, proceed to page 3.**

For POST Staff Use:

\_\_\_\_\_

Reviewed by

\_\_\_\_\_

Date



## Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East

Helena, MT 59602

dojmt.gov/post

Phone: (406) 444-9975

Fax: (406) 444-9978

### CERTIFICATION FOR POST CREDIT HOURS FOR SPECIAL COURSES

ARM 23.13.212, 23.13.215 &amp; 23.13.217

**Instructions:** This page is *ONLY* to be completed and submitted by the individual or agency offering an Instructor Development, Firearms Instructor or SWAT Primary course. This page must be submitted as part of the Application for POST Credit Hours for a Training.

#### **BEFORE YOU CERTIFY THIS DOCUMENT: There are additional requirements for special courses as follows:**

<b>Instructor Development ARM 23.13.212</b>	<b>Firearms Instructor ARM 23.13.215</b>	<b>SWAT Primary ARM 23.13.217</b>
<ul style="list-style-type: none"> <li>○ Minimum 40 Hours</li> <li>○ 12 Hours of Curriculum Design</li> <li>○ 8 Hours of Adult Learning</li> <li>○ 8 Hours of Foundation Skills for Trainers</li> <li>○ 8 Hours of Training Prep and Delivery</li> <li>○ 4 Hours of Context of training</li> </ul>	<ul style="list-style-type: none"> <li>○ Minimum 40 Hours</li> <li>○ Firearms Safety</li> <li>○ Role of Instructor</li> <li>○ Civil &amp; Criminal Liability Exposure</li> <li>○ Instructional Techniques</li> <li>○ Operation of Firing Line</li> <li>○ Range Preparation</li> <li>○ Handgun</li> <li>○ Disabled Officer Techniques</li> <li>○ Low Light Shooting Techniques</li> </ul>	<ul style="list-style-type: none"> <li>○ Minimum 40 Hours</li> <li>○ Team Communication, Team Make-up</li> <li>○ Confrontation Management</li> <li>○ Weapons, Munitions, and Equipment</li> <li>○ Team Movement and Interior Tactics</li> <li>○ Open Air/Mobile Assault, Downed Officer</li> <li>○ Citizen Rescue, Chemical Agents/Diversionary Device/Less Lethal, Practical Exercises, and Legal Issues</li> </ul>

**Ensure any of the above courses meet these requirements!**

#### **Certification:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of the corresponding special course ARMs have been met. I certify that this course should be granted POST Training Credit Hours.*

---

 Printed Name

---

 Signature

---

 Date

For POST Staff Use:

---

 Reviewed by

---

 Date



# Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

dojmt.gov/post

## POST ATTENDANCE ROSTER – SINGLE DAY

ARM 23.13.301 & ARM 23.13.302

**Instructions:** This roster must be used for all courses approved by POST for credit hours. Do not have students fill out individual applications for approved courses. The course instructor or coordinator is responsible for ensuring that this roster is filled out completely and returned to POST for the students to get credit for the course. If the course being taught is longer than one full day, the POST Attendance Roster – Multi-day form should be used. Students will not receive any credit unless they attend at least 90% of the course. This form must be submitted within one year of the training.

Course Title: \_\_\_\_\_  
Instructor(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Course Location: \_\_\_\_\_ Hours: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Public Safety Officers must print their name, agency, date of birth, email, and sign this roster to receive POST credit.**

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
5. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
6. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
7. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_

**\* Failure to provide the information required may result in denial of credit or delay in credit appearing on your POST transcript.**



# Montana Public Safety Officer Standards & Training Council

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Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

dojmt.gov/post

## POST ATTENDANCE ROSTER – MULTI-DAY

ARM 23.13.301 & ARM 23.13.302

**Instructions:** This Attendance Sheet must be used for all courses approved by POST for credit hours which are longer than one full day. Do not have students fill out individual applications for approved courses. The course instructor or coordinator is responsible for ensuring that this Attendance Sheet is filled out completely and returned to POST for the students to get credit for the course. Students will not receive any credit unless they attend at least 90% of the course. This form must be submitted within one year of the training.

Course Title: \_\_\_\_\_

Course Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Course Dates: \_\_\_\_\_

**Public Safety Officers must print their name, agency, date of birth, email, and sign this roster to receive POST credit.**

### Attendee Information

### Attendance

1.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____					
	Signature: _____					
2.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____					
	Signature: _____					
3.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____					
	Signature: _____					
4.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____					
	Signature: _____					
5.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____					
	Signature: _____					

**\* Failure to provide the information required may result in denial of credit or delay in credit appearing on your POST transcript.**



# Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

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Fax: (406) 444-9978

[dojmt.gov/post](http://dojmt.gov/post)

## **INSTRUCTOR CERTIFICATE APPLICATION**

ARM 23.13.212

**Instructions:** The applicant must complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Hired by Current Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please note the requirements for an Instructor Certificate are:**

**1) You must have a Montana POST Basic certificate in your current discipline**

**Do you have a Montana POST Basic Certificate in your current discipline?**

Yes

No

**2) you must have a minimum of 2 years of experience working as a public safety officer**

**Do you have at least 2 years of public safety officer experience?**

Yes

No

**3) you must have successfully completed a 40-hour instructor development class or its equivalent as approved by the council, which must include a minimum of the following instruction:**

Instructor Development ARM 23.13.212
<ul style="list-style-type: none"><li><input type="radio"/> Minimum 40 Hours</li><li><input type="radio"/> 12 Hours of Curriculum Design</li><li><input type="radio"/> 8 Hours of Adult Learning</li><li><input type="radio"/> 8 Hours of Foundation Skills for Trainers</li><li><input type="radio"/> 8 Hours of Training Prep and Delivery</li><li><input type="radio"/> 4 Hours of Context of training</li></ul>

**Have you attended a 40 hour instructor development class or an equivalent approved by the**

**POST Council?**

Yes

No

*If you do not meet these requirements, you will not be issued an Instructor Certificate.*

*All Instructor Certificates are valid for a period of 4 years.*

*\* PLEASE NOTE, if you intend to qualify officers on firearms, you need to meet the minimum requirements found in ARM 23.13.215(1)(a).*

*If you intend to seek POST training credit for any training you instruct, you must apply and meet the requirements in ARM 23.13.301(2)-(3).*

**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 Head Endorsement:** *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 this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

\_\_\_\_\_  
*Printed Name of Agency Head*

\_\_\_\_\_  
*Signature of Agency Head*

\_\_\_\_\_  
*Date*

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**POST Council Use Only**

Approved for Instructor Certificate

By \_\_\_\_\_

Date \_\_\_\_\_



## Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

[dojmt.gov/post](http://dojmt.gov/post)

### **APPLICATION FOR AWARD OF INTERMEDIATE CERTIFICATE**

ARM 23.13.207

**Instructions:** The applicant must complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form and attachments to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Hired by Current Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Field of Employment (check one):**

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Misdemeanor Probation/Pretrial Services

**Please note the requirements for the Intermediate Certificate are:**

**1) you must qualify for and possess the discipline-specific Basic Certificate**

**Do you possess the discipline-specific Basic Certificate?**

Yes

No

Applied

**2) you must have been employed with your current agency for at least one year**

**Have you been employed with your current agency for at least one year?**

Yes

No

**3) you must have four or more years of discipline-specific experience**

**Do you have at least four years of discipline-specific experience?**

Yes

No

**4) you must have a minimum number of POST training hours as follows:**

- **Peace officers must have a minimum of 200 POST Training Hours**
- **Probation and Parole officers must have a minimum of 200 POST Training Hours**
- **Detention/Corrections officers must have a minimum of 144 POST Training Hours**
- **Public Safety Communication officers must have a minimum of 84 POST Training Hours**
- **Misdemeanor Probation/Pretrial Services officers must have a minimum of 144 POST Training Hours**

**Do you have the minimum required POST training hours for your discipline?**

Yes

No

Number of POST Training Hours Earned: \_\_\_\_\_

*In-service hours may be credited for up to 15% of total hours needed for certification purposes if documentation accompanies this application.*

Have you attached an in-service training record? Yes No

Number of in-service training hours earned: \_\_\_\_\_

*If you do not meet these requirements, you will not be issued an Intermediate Certificate.*

**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 this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

\_\_\_\_\_  
Printed Name of Agency Head

\_\_\_\_\_  
Signature of Agency Head Date

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**POST Council Use Only**

Approved for Intermediate: PO ☐ PSC ☐ P&P ☐ C/D ☐

MP/PT ☐

By \_\_\_\_\_

Date \_\_\_\_\_



## Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

[dojmt.gov/post](http://dojmt.gov/post)

### **APPLICATION FOR AWARD OF ADVANCED CERTIFICATE**

ARM 23.13.208

**Instructions:** The applicant must complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form and attachments to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Rank/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Field of Employment (check one):**

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Misdemeanor Probation/Pretrial Services

**Please note the requirements for the Advanced Certificate are:**

**1) you must qualify for and possess the discipline-specific Basic and Intermediate Certificates**

**Do you possess the discipline-specific Basic Certificate?**

Yes

No

Applied

**Do you possess the discipline-specific Intermediate Certificate?**

Yes

No

Applied

**2) you must have eight or more years of experience**

**Do you have at least eight years of discipline-specific experience?**

Yes

No

**3) you must have a minimum number of POST training hours as follows:**

- **Peace officers must have a minimum of 400 POST Training Hours**
- **Probation and Parole officers must have a minimum of 400 POST Training Hours**
- **Detention/Corrections officers must have a minimum of 304 POST Training Hours**
- **Public Safety Communication officers must have a minimum of 184 POST Training Hours**
- **Misdemeanor Probation/Pretrial Services officers must have a minimum of 304 POST Training Hours**

**Do you have the minimum required POST training hours for your discipline?**

Yes

No

Number of POST Training Hours Earned: \_\_\_\_\_

*In-service hours may be credited for up to 15% of total hours needed for certification purposes if documentation accompanies this application.*

Have you attached an in-service training record? Yes No

Number of in-service training hours earned: \_\_\_\_\_

*If you do not meet these requirements, you will not be issued an Advanced Certificate.*

**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 this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

\_\_\_\_\_  
Printed Name of Agency Head

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Date

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**POST Council Use Only**

Approved for Advanced:

PO ☐

PSC ☐

P&P ☐

C/D ☐

MP/PT ☐

By \_\_\_\_\_

Date \_\_\_\_\_



## Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

[dojmt.gov/post](http://dojmt.gov/post)

### **APPLICATION FOR AWARD OF SUPERVISORY CERTIFICATE**

ARM 23.13.209

**Instructions:** The applicant must complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form and attachments to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Hired by Current Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Field of Employment (check one):**

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Misdemeanor Probation/Pretrial Services

**Please note the requirements for the Supervisory Certificate are:**

**1) you must qualify for and possess the discipline-specific Intermediate Certificate**

**Do you possess the discipline-specific Intermediate Certificate?**

Yes

No

Applied

**2) you must complete a 32-hour POST-approved management course**

**Have you successfully completed a POST-approved management course?**

Yes

No

**3) you must currently be a first level supervisor who has served in that position satisfactorily for at least one year.**

**Are you currently a first level supervisor?**

Yes

No

**Have you been a first level supervisor for at least one year?**

Yes

No

**Date of Promotion:** \_\_\_\_\_

**If you do not meet these requirements, you will not be issued a Supervisory Certificate.**

**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 this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

\_\_\_\_\_  
*Printed Name of Agency Head*

\_\_\_\_\_  
*Signature of Agency Head*

\_\_\_\_\_  
*Date*

*E-mail:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

**POST Council Use Only**

Approved for Supervisory:

PO ☐

PSC ☐

P&P ☐

C/D ☐

MP/PT ☐

By \_\_\_\_\_

Date \_\_\_\_\_



## Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

[dojmt.gov/post](http://dojmt.gov/post)

### **APPLICATION FOR AWARD OF COMMAND CERTIFICATE**

ARM 23.13.210

**Instructions:** The applicant must complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form and attachments to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date Hired by Current Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Field of Employment (check one):**

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Misdemeanor Probation/Pretrial Services

**Please note the requirements for the Command Certificate are:**

**1) you must qualify for and possess the discipline-specific Supervisory Certificate**

**Do you possess the discipline-specific Supervisory Certificate?**

Yes

No

Applied

**2) you must complete a minimum of 160 hours of POST-approved management, supervisory, or leadership training**

**Have you successfully completed at least 160 hours of POST-approved management, supervisory, or leadership training?**

Yes

No

**3) you must currently be a mid-management supervisor who has served in that position satisfactorily for at least one year.**

**Are you currently a mid-management level supervisor?**

Yes

No

**Have you been a mid-management level supervisor for at least one year?**

Yes

No

**Date of Promotion:** \_\_\_\_\_

**If you do not meet these requirements, you will not be issued a Command Certificate.**

**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 this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

\_\_\_\_\_  
*Printed Name of Agency Head*

\_\_\_\_\_  
*Signature of Agency Head*

\_\_\_\_\_  
*Date*

*E-mail:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

**POST Council Use Only**

Approved for Command:

PO ☐

PSC ☐

P&P ☐

C/D ☐

MP/PS ☐

By \_\_\_\_\_

Date \_\_\_\_\_



# Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

dojmt.gov/post

## Public Safety Officer Complaint Form

Name of Complainant

Address (Street, Apt.#), City, State, Zip Code

Telephone Number(s)

Date and Time of Incident

Name and place of employment of the person complained against

### Statement of Complaint:

Please state in exact detail what occurred, names of all witnesses and public safety officers who observed the incident, name(s) of all public safety officers who engaged in the alleged misconduct and what misconduct occurred, what injuries, if any, you suffered and all other facts related to the incident. Do not include unsubstantiated information such as gossip or rumor. Attach any reports or documentation, such as photographs, medical records, etc. which relate to the incident. Continue your statement on additional sheets of paper, if needed, and attach pages to this document.

I HEREBY REQUEST the Montana Public Safety Officer Standards & Training Council investigate the conduct alleged in this complaint and take appropriate action, as authorized by law. Having been duly sworn, I hereby state under penalty of Perjury (45-7-201, M.C.A.) or False Swearing (45-7-202, M.C.A.) that I am the Complainant in this complaint, that I have prepared, read and fully understand all matters set forth in this complaint, that this investigation, as an official proceeding, is confidential to the degree required by law and that all information provided in this complaint is true and correct to the best of my knowledge.

(Signature of Complainant)

Date

State of Montana

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Signature of Notary)

(Affix Notarial Seal)

(Printed Name of Notary Public)

Notary Public for the State of Montana

Residing at: \_\_\_\_\_