



Montana Public Safety Officer Standards & Training Council

Website: dojmt.gov/post
2260 Sierra Road East
Helena, MT 59602

Email: mtpost@mt.gov
Phone: (406) 444-9975
Fax: (406) 444-9978

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/designee for endorsement. The agency should then forward the completed form and attachments to POST by emailing the form to the email address above. Alternatively, the information may also be sent to POST via mail at the address above. POST will notify the agency and the applicant of action taken.*

Applicant Information:

Name: _____

Agency Name: _____

Date of Birth: _____

Rank/Title: _____

Email Address: _____

Phone: _____

Field of Employment:

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Misdemeanor Probation/Pretrial Services

The requirements for the Command Certificate are:

- 1. You must possess the discipline-specific Supervisory certificate;**

Do you possess the 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;**

- i. Please list the course name/s and number of hours for your POST-approved management, supervisory, or leadership trainings below.**

- ii. How many total hours of POST-approved management, supervisory, or leadership training have you completed? _____**

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

- i. Are you currently a mid-management level supervisor? Yes No
- ii. Have you been a mid-management level supervisor for at least one year? Yes No

iii. 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/Designee

Signature of Agency Head /Designee Date

Email: _____

Phone: _____

POST Council Use Only

Approved for Command: ☐ PO ☐ PSC ☐ P&P
☐ C/D ☐ MP/PT

By _____ Date _____