



Montana Public Safety Officer Standards & Training Council

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BASIC EQUIVALENCY REQUEST FORM

Instructions: The agency head/designee should complete and sign this form. The agency should then forward the completed form and the required 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 head and officer of action taken.

Montana Agency Information:

Agency Name: _____ Agency Phone: _____

Agency Email: _____

Agency Contact (person completing this form): _____

Contact's Email: _____ Contact's Phone: _____

Employee Information:

Last Name: _____ First Name: _____

Middle Initial: _____ DOB: _____ Phone: _____

Email Address: _____ Date of Appointment: _____

Equivalency Discipline:

Peace Officer Basic Equivalency

Corrections/Detention Officer Basic Equivalency

Required Information:

1. Did the officer complete a Basic course? Yes _____ No _____
2. Basic course completion date: _____
3. Total Basic course hours: _____
4. Basic course location: _____
5. If No; what training has the officer had in lieu of a Basic course? _____

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

Yes

No

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

Yes

No

8. If Yes, name of the agency: _____

9. Date certificate was issued: _____

10. Is the officer in good standing with this agency?

Yes

No

11. Have you attached a notarized release of information?

Yes

No

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

Yes

No

Unavailable

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

Yes

No

Unavailable

14. 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/Designee

Signature of Agency Head/Designee

Date

Email: _____

Phone: _____

POST Council Use Only

Approved by _____

Date _____

EQ Type ☐ Peace Officer

☐ Corrections/Detention Officer