



Montana Public Safety Officer Standards & Training Council

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NOTICE OF RANK CHANGE

Instructions: The agency head/designee should complete and sign this form only for administrators of the agency. The agency should then forward the completed form 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.

Agency Information:

Agency Name: _____ Agency Phone: _____
Agency Email: _____
Agency Contact (person completing this form): _____
Contact's Phone: _____ Contact's Email: _____

Employee Information:

Last Name: _____ First Name: _____
Middle Initial: _____ Suffix: _____ Maiden Name/Alias: _____
Gender: _____ DOB: _____ Phone: _____
Email 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: _____ This change was: Voluntary Involuntary

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

Printed Name of Agency Head/Designee

Signature of Agency Head/Designee

Date