



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

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dojmt.gov/post

APPLICATION FOR AWARD OF ADMINISTRATIVE CERTIFICATE

ARM 23.13.211

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. Please note the qualifications for the Administrative Certificate are:

1) you must qualify for and possess the discipline-specific Command and Advanced Certificates

Do you possess the discipline-specific Advanced Certificate?

Yes No Applied

Do you possess the discipline-specific Command Certificate?

Yes No Applied

2) you must currently be a management or administrative level employee who has served in that position for at least one year.

Are you currently a management or administrative level employee? Yes No

Have you been a management or administrative level employee for at least one year?

Yes No

Date of Promotion:

If you do not meet these qualifications, you will not be issued an Administrative Certificate.

Full Name:

Agency Name:

POST ID Number:

Rank/Title:

Date of Birth:

Date Hired by Current Agency:

Phone:

E-mail Address:

Field of Employment (check one):

- Peace Officer, Public Safety Communications Officer, Adult Probation & Parole, Coroner/Deputy Coroner, Corrections/Detention Officer, Juvenile Probation & Parole

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
Date Mailed
Approved by
Date:
Cert. #