



**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

**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 \_\_\_\_\_