



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

Phone: (406) 444-9975
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dojmt.gov/post

APPLICATION FOR AWARD OF INTERMEDIATE CERTIFICATE

ARM 23.13.207

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.

Full Name: _____

Agency Name: _____

Date of Birth: _____

Date Hired by Current Agency: _____

Phone: _____

E-mail Address: _____

Field of Employment (check one):

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Please note the requirements for the Intermediate Certificate are:

1) you must qualify for and possess the discipline-specific Basic Certificate

Do you possess the discipline-specific Basic Certificate?

Yes

No

Applied

2) you must have been employed with your current agency for at least one year

Have you been employed with your current agency for at least one year?

Yes

No

3) you must have four or more years of discipline-specific experience

Do you have at least four years of discipline-specific experience?

Yes

No

4) you must have a minimum number of POST training hours as follows:

- Peace officers must have a minimum of 200 POST Training Hours
- Probation and Parole officers must have a minimum of 200 POST Training Hours
- Detention/Corrections officers must have a minimum of 144 POST Training Hours
- Public Safety Communication officers must have a minimum of 84 POST Training Hours

Do you have the minimum required POST training hours for your discipline?

Yes

No

Number of POST Training Hours Earned: _____

In-service hours may be credited for up to 15% of total hours needed for certification purposes if documentation accompanies this application.

Have you attached an in-service training record? Yes No

Number of in-service training hours earned: _____

If you do not meet these requirements, you will not be issued an Intermediate 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

Signature of Agency Head

Date

E-mail: _____

Phone: _____

POST Council Use Only

Approved for Intermediate: PO PSC P&P C/D

By _____ Date _____