



**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 AWARD OF BASIC CERTIFICATE**

ARM 23.13.206

**Instructions:** The applicant may 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

Corrections/Detention

Probation & Parole

Coroner/Deputy Coroner

Misdemeanor Probation/Pretrial Services

**Please note the requirements for the Basic Certificate are:**

**1) you must successfully complete a POST-Approved Basic course in the discipline for which you seek the certificate**

**Did you complete a POST-Approved Basic Course?**

Yes

No

**Basic course completion date:** \_\_\_\_\_

**Basic Course #:** \_\_\_\_\_

**2) you must be employed with your current employer for one full year in the discipline for which you seek the certificate.**

**Have you been employed with your current employer for one year or more?**

Yes

No

**If you do not meet these requirements, you will not be issued a Basic 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 Basic:

PO

PSC

P&P

C/D

Coroner

MP/PS

By \_\_\_\_\_

Date \_\_\_\_\_