



# 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 BASIC CERTIFICATE

ARM 23.13.206

**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 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.**

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.**

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 \_\_\_\_\_

Approved by \_\_\_\_\_

Date Mailed \_\_\_\_\_

Date: \_\_\_\_\_

Cert. # \_\_\_\_\_