



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

BASIC EQUIVALENCY REQUEST FORM

Instructions: The agency head should complete and sign this form. 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.

Did the officer complete a Basic course? Yes No

Basic course completion date: _____ Basic course location: _____

If No; what training has the officer had in lieu of a Basic course? _____

**Please attach documentation to indicate the officer's successful completion of the training, such as a certificate of completion.*

Does the officer hold Basic certification from POST or an agency equivalent to POST? Yes No

Name of the agency: _____

Date certificate was issued: _____

Is the officer in good standing with this agency? Yes No

**Please attach a copy of the officer's basic certificate and training transcript.*

**Please attach documentation of the officer's employment history.*

***Attach a release of information so that POST may verify the above information. The release the officer signed for his/her employment background check is sufficient.**

Officer's Information

Full Name: _____

POST ID Number: _____

Date of Birth: _____

Phone: _____

Montana Agency Name: _____

Rank/Title: _____

Date Hired by Montana Agency: _____

E-mail Address: _____

Field of Employment (check one):

Peace Officer

Corrections/Detention Officer

Note, there is only equivalency for Law Enforcement Officer Basic and Correction/Detention Officer Basic.

Agency Recommendation: *I recommend that equivalency be awarded. I certify that my agency has complied with the minimum standards set forth in the Administrative Rules of Montana, the officer 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 _____