Montana Public Safety Officer Standards & Training Council
2260 Sierra Road East *Phone:(406) 444-9975*
Helena, MT 59602 *Fax: (406) 444-9978*
dojmt.gov/post

APPLICATION FOR AWARD OF COMMAND CERTIFICATE

ARM 23.13.210

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 Command Certificate are:***

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

Do you possess the discipline-specific Supervisory Certificate?

☐ Yes ☐ No ☐ Applied

2) you must complete a minimum of 200 hours of POST-approved management, professional development, and leadership training

Have you successfully completed at least 200 hours of POST-approved management, professional development and leadership training? ☐ Yes ☐ No

3) you must currently be a mid-management supervisor who has served in that position satisfactorily for at least one year.

Are you currently a mid-management level supervisor? ☐ Yes ☐ No

Have you been a mid-management level supervisor for at least one year? ☐ Yes ☐ No

Date of Promotion: _____

If you do not meet these requirements, you <u>will not</u> be issued a Command 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. # _____