



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.

Officer's Information

Full Name: _____

Date of Birth: _____

Montana Agency Name: _____

Date Hired by Montana Agency: _____

Phone: _____

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.

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.*

Have you attached documentation of the officer's successful completion of the above training?

Yes

No

Does the officer hold Basic certification from POST or an agency equivalent to POST?

Yes

No

If Yes, Name of the agency: _____

Date certificate was issued: _____

Is the officer in good standing with this agency?

Yes

No

***Attach a notarized release of information so that POST may verify officer's eligibility for equivalency. The release the officer signed for his/her employment background check is sufficient. POST also has a release form available upon request.**

Have you attached a notarized release of information?

Yes No

**Please attach a copy of the officer's out-of-state basic certificate and out-of-state POST training transcript if available.*

Have you attached a copy of the officer's out-of-state basic certificate?

Yes No Unavailable

Have you attached a copy of the officer's out-of-state POST training transcript?

Yes No Unavailable

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

Have you attached documentation of the officer's employment history?

Yes No

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 by _____

Date _____

EQ Type Peace Officer

Corrections/Detention Officer