



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

Phone: (406) 444-9975

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dojmt.gov/post

APPLICATION FOR AWARD OF INTERMEDIATE CERTIFICATE

ARM 23.13.207

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 Intermediate Certificate are:**

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

Do you possess the discipline-specific Basic Certificate?

Yes No Applied

2) you must have four or more years of experience

Do you have at least four years of discipline-specific experience? Yes No

3) you must have a minimum of 200 POST training hours. College hours may be credited for up to 25% of the total hours needed for certification purposes (or 50 hours for an Intermediate Certificate) if the "Application for POST Credit for College Courses" form is completed and submitted to POST prior to or with this application. Inservice hours may be credited for up to 15% of total hours needed for certification purposes (or 30 hours for an Intermediate Certificate) if documentation accompanies this application.

Do you have a minimum of 200 POST training hours? Yes No

Number of POST-Certified Training Hours Earned: _____

Have you attached an inservice training record? Yes No

Number of inservice training hours earned: _____

If you do not meet these requirements, you will not be issued an Intermediate 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):

- | | | |
|---|---|--|
| <input type="checkbox"/> Peace Officer | <input type="checkbox"/> Public Safety Communications Officer | <input type="checkbox"/> Adult Probation & Parole |
| <input type="checkbox"/> Coroner/Deputy Coroner | <input type="checkbox"/> Corrections/Detention Officer | <input type="checkbox"/> Juvenile Probation & Parole |

Officer Experience: Attach additional pages as necessary.

Agency _____

Dates of Employment _____

Position Held _____

Agency _____

Dates of Employment _____

Position Held _____

Agency _____

Dates of Employment _____

Position Held _____

Agency _____

Dates of Employment _____

Position Held _____

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. # _____	