



Montana Public Safety Officer Standards & Training Council

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dojmt.gov/post

NOTICE OF QUALIFICATIONS FOR RESERVE CERTIFICATE AND APPLICATION FOR AWARD OF RESERVE CERTIFICATE

§§ 7-32-214, 44-4-403, MCA

Instructions: The reserve officer 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 Reserve Certificate are:**

1) you must successfully complete the training outlined in [§ 7-32-214, MCA](#).

Did you complete the training outlined in [§ 7-32-214, MCA](#)? Yes No

Training completion date: _____

2) you must be a reserve with your current agency for one full year.

Have you been a reserve with your current agency for one year or more? Yes No

3) you must meet the definition of a reserve officer in [§ 7-32-201\(6\), MCA](#), meaning you must be a sworn, part-time, volunteer member of a law enforcement agency.

Have you been sworn? Yes No

Are you part-time? Yes No

Are you a volunteer? (Note volunteers cannot be paid a wage) Yes No

4) you must meet the residency requirement of [§ 7-32-213, MCA](#), meaning you must have lived in Montana for at least one year, and you must have lived in the county in which you are a reserve officer for at least six months.

Have you been a resident of Montana for at least one year? Yes No

Have you been a resident of the county in which you are a reserve for at least six months? Yes No

5) you must meet the requirements of [ARM 23.13.205](#), including subscribing to the code of ethics contained in ARM [23.13.203](#).

Have you taken an oath regarding the code of ethics pursuant to ARM [23.13.203](#)? Yes No

If you do not meet these requirements, you will not be issued a Reserve Certificate.

Full Name: _____

Agency Name: _____

POST ID Number: _____

Date of Birth: _____

Phone: _____

E-mail Address: _____

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 training set forth in [§ 7-32-214, MCA](#), has been a sworn, part time volunteer with this agency for at least one year, has sworn an oath regarding the code of ethics, 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: _____

State of Montana

County of _____

Subscribed and sworn to before me this ____ day of _____, 20____,

(SEAL)

Signature of Notary Public

| | | | |
|------------------------------|-------------------|---------------|--|
| POST Council Use Only | | | |
| Approved for _____ | Approved by _____ | | |
| Date Mailed _____ | Date: _____ | Cert. # _____ | |