



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

APPLICATION FOR AWARD OF SUPERVISORY CERTIFICATE

ARM 23.13.209

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.

Full Name: _____

Agency Name: _____

Date of Birth: _____

Date Hired by Current Agency: _____

Phone: _____

E-mail Address: _____

Field of Employment (check one):

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Misdemeanor Probation/Pretrial Services

Please note the requirements for the Supervisory Certificate are:

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

Do you possess the discipline-specific Intermediate Certificate?

Yes

No

Applied

2) you must complete a 32-hour POST-approved management course

Have you successfully completed a POST-approved management course?

Yes

No

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

Are you currently a first level supervisor?

Yes

No

Have you been a first level supervisor for at least one year?

Yes

No

Date of Promotion: _____

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

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 Supervisory:

PO

PSC

P&P

C/D

MP/PT

By _____

Date _____