

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

APPLICATION FOR AWARD OF LAW ENFORCEMENT OFFICER CERTIFICATE

INSTRUCTIONS:

1. Please type or print.
2. This form is to be completed by the applicant and approved by the Department Head or his/her designee.
3. No credit for education or training will be given unless verifying documents are in your file in this office or attached to this application.
4. Commission action on the application will be forwarded to the Department Head.
5. Completion date of the Field Training Course must be included under the Law Enforcement Training section on reverse side.*
6. Certificate of Radar Training must be attached to request a Police Traffic Radar Operator Certificate.**

Name to appear on Certificate: _____

Department or Agency: _____

Agency Mailing Address: _____

Agency Contact Telephone Number: _____

Applicants Rank or Position _____ SSN: _____

Certificate Applying For: (Please check appropriate box)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Basic | <input type="checkbox"/> Part Time I Officer | |
| <input type="checkbox"/> General | <input type="checkbox"/> Part Time II Officer | <input type="checkbox"/> Radar Operator |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Auxiliary Officer | <input type="checkbox"/> Radar Operator |
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Specialized Officer | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Marijuana Leaf Field Test Technician | **For Radar Operator & Renewal, See Instruction #6 |

Law Enforcement Experience:

Agency	Dates of Employment	Highest Rank
_____	_____	_____
_____	_____	_____
_____	_____	_____

Law Enforcement Training:

School Name & Course Title	Course Hours	Date of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

Field Training Course (Ride-along) completed on Month: Day Year .

College Education

Name of College	Major	Dates Attended	Semester Hours Completed	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby attest that the information contained in this application is true and correct.

_____ Signature of Applicant	_____ Rank	_____ Date
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_____ Signature of Department Head or Designee	_____ Rank	_____ Date
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_____ Printed Name	_____ Email
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SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY
OF _____, 20 _____

My Commission Expires _____

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.