



# FIELD TRAINING OFFICER REQUEST FOR CERTIFICATION

Name: \_\_\_\_\_  
(Last) (First) (M.I.) (Social Security No.)

Agency Name & Address: \_\_\_\_\_  
\_\_\_\_\_

### LAW ENFORCEMENT EXPERIENCE (Minimum 3 Years):

Present Agency: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To Present (Minimum 2 years)  
\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

POST Certification or Registration Number: \_\_\_\_\_

Completed 40-Hour FTO on: \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Site)

### **NOTE: Academy Issued Certificate of F.T.O. Course Completion Must Be Attached**

The above Officer\*s request for Field Training Officer Certification is recommended by this Law Enforcement Agency.

Head of Agency: \_\_\_\_\_  
(Signature) (Date)

Notary: \_\_\_\_\_  
(Signature) (Date)

Mail Certificate To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Request for Certification To:

Georgia Peace Officer Standards and Training Council  
**5000 Austell-Powder Springs Road**  
Suite 261  
Austell, Georgia 30106