Check One: ☐ **FIELD** ☐ **COMMUNICATIONS** ☐ **JAIL**

TRAINING OFFICER
REQUEST FOR CERTIFICATION

Name: _____ _____-_____-_____
(Last) (First) (M.I.) (Social Security No.)

Agency Name & Address: _____

_____

AGENCY EXPERIENCE (Minimum 3 Years):

Present Agency: From: ____/____/____ To Present (Minimum 2 years)

_____ From: ____/____/____ ____/____/____

_____ From: ____/____/____ ____/____/____

POST Certification or Registration Number: _____

Completed 40-Hour Training Officer Class on: _____ at _____
(Date) (Site)

NOTE: **Academy Issued Certificate of Course Completion Must Be Attached**

The above Officer's request for Training Officer Certification is recommended by this Agency.

Head of Agency:_____ _____
(Signature) (Date)

Notary:_____ _____
(Signature) (Date)

Mail Request for Certification To:

Georgia Peace Officer Standards and Training Council
P.O. Box 349
Clarkdale, Georgia 30111