



STATE OF NEVADA  
**COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING**  
5587 Wa Pai Shone Avenue Carson City, Nevada 89701  
(775) 687-7678 Fax (775) 687-4911

**POST DISPATCHER CERTIFICATE APPLICATION**  
**(NAC 289.340)**

Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Date Applicant achieved permanent status with Agency:* \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency Email: \_\_\_\_\_

**Please initial and acknowledge the following statements as true:**

- \_\_\_\_\_ I am currently employed as a law enforcement dispatcher
- \_\_\_\_\_ I am an authorized user of the National Crime Information Center and able to access the system to make inquiries
- \_\_\_\_\_ I have successfully passed the online Dispatcher Basic Training course and the certificate of completion is included with this form
- \_\_\_\_\_ I have filled out the required child support form prescribed by the Division of Welfare and Supportive services of the Department of Health and Human Services pursuant to NRS 425.520 and have included it with this form
- \_\_\_\_\_ I have successfully complete the agency new dispatcher training program
- \_\_\_\_\_ I have successfully completed the agencies probationary period

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Email the completed form to Amy Kiger at [akiger@post.state.nv.us](mailto:akiger@post.state.nv.us) & please allow up to 30 days for POST to process this application**