



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

**VETERAN STATUS, CHILD SUPPORT STATEMENT AND PERSONAL AFFIRMATION**

- This document must be retained on file by the employing agency for inspection and must include the social security number of the applicant (NRS 289.560)
- Make a copy of this document and **redact the first 5 numbers of the social security number** showing only the last 4 digits of the social security number and **submit as an attachment** to the Basic Certificate Application (Formatta form).

**Veteran Status**

Are you a Military Veteran? YES  NO

**Statement Regarding Payment of Child Support**

*Pursuant to NRS 289.570 and NRS 425.520, you are required to mark one of the following three choices.*

- I am not subject to a court order for the support of one or more children.
- I am subject to a court order for the support of one or more children and I am in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Personal Affirmation**

I hereby affirm that I have reviewed the contents of this document and agree that the information is true and accurate. I further affirm, as the applicant for basic certification as a Nevada peace officer, that I am currently a US citizen, 21 years of age or older, and that I have met all requirements of NAC 289.110 (Standards of Appointment); and, I understand that any misrepresented information is grounds to refuse or revoke my Basic Certificate pursuant to NAC 289.290.

Applicant's Social Security Number \_\_\_\_\_ POST ID# \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
*Type or Print Name* First MI Last Suffix

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