



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

**BASIC CERTIFICATE APPLICATION**  
*Pursuant to NAC 289.200*

**SECTION "A"** *(Mark the Category and type of Basic Certificate this application is for)*

**CATEGORY**

- Category I                       Category II                       Category III                       RESERVE LIMITED

- The applicant is CURRENTLY a US citizen                       Yes                       No  
 The applicant is CURRENTLY 21 years of age or older                       Yes                       No  
 The applicant meets all requirements of NAC 289.110 (Standards of Appointment)                       Yes                       No

*This form must be completed for each officer for which application is made*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 POST ID# \_\_\_\_\_  
 Residence Address (not agency address)  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name & Address of Academy Attended \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION "B"**

Agency Name \_\_\_\_\_ Agency ID # \_\_\_\_\_ Hire Date \_\_\_\_\_

*This application will not be processed without copies of the following documents*

- Original Child Support Information (Form AD-2A)  
 Physical Fitness Performance Evaluation (Form AD-2B)  
 Copy of Nevada Basic Academy Certificate of Completion; or  
 Copy of Nevada In-Lieu Equivalency Academy Certificate of Completion. ***IN-LIEU APPLICANTS ONLY***  
 Copy of Category II to I Upgrade Academy Certificate of Completion. ***CATEGORY II to I UPGRADE APPLICANTS ONLY***

**SECTION "C" AUTHORIZATION**

*I hereby affirm as the employee that I have reviewed the contents of this document and the information that is being submitted to the Commission on Peace Officers' Standards and Training is true and accurate and I understand that any misrepresented information is grounds to revoke my Basic Certificate pursuant to NAC 289.290.*

Employee \_\_\_\_\_  
 Name (Required)                      Signature (Required)                      Title                      Date

**SECTION "D"**

*As the agency administrator, this signature verifies that all requirements have been met and I hereby request that a Basic Certificate for the category indicated above be issued to this department on behalf of the listed officer.*

Single Point of Contact				
	Name	Signature	Title	Date
Agency Administrator or Designee				
	Name	Signature	Title	Date