



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

REQUEST FOR VERIFICATION OF CERTIFICATION/LICENSE

To: _____
(Out of State POST Committee, Commission, Board, Other)

Address: _____ City: _____ State: _____ Zip: _____

Please return the results of this inquiry to the following Requesting Nevada Law Enforcement Agency:

From: _____
Requesting Nevada Law Enforcement Agency Name of Contact at Requesting Agency

Email: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION "A" To be completed by the requesting Nevada Criminal Justice Agency

The below listed person has made application with or is employed by this agency. To receive a Nevada Basic Certificate, we are required to obtain information on the applicant's previous peace officer certification/license.

APPLICANT INFORMATION DOB: _____ Last 4 digits of Social Security Number: _____

Last Name _____ First Name _____ MI _____

SECTION "B" To be completed by the Out of State POST Committee, Commission, Board, etc.

Date officers' Basic Certificate/License was issued: _____

Please indicate below the category of training the officer received for certification/license:

- Category I:** Includes peace officers whose authority or primary duties involve a broad spectrum of law enforcement duties and includes areas such as: *Routine patrol, criminal investigations, enforcement of traffic laws and motor vehicle accidents*
- Category II:** Includes peace officers whose authority or primary duties are limited to a specific or specialized area of law enforcement such as: *Bailiff, Special Investigators, Adult & Juvenile P&P.*
- Category III:** Includes peace officers whose authority or primary duties are limited to the care and custody of adults and/or juveniles in a correctional or detention facility.

Last date of employment with an agency as a certified/licensed peace officer: _____

Is the officers' certificate currently suspended or revoked? Yes No

If yes, please explain any actions for Suspended or Revoked Certification/Licensing

Reason: _____

SECTION "C" To be completed by the Out of State POST Committee, Commission, Board, etc.

This information was verified by:

Signature of the person providing the information Print or type the name Date

Email Address Phone Number Fax Number



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AUTHORIZATION FOR RELEASE OF RECORDS

To: _____
(Out of State POST Committee, Commission, Board, Other)

Address: _____ City: _____ State: _____ Zip: _____

From: _____
(Applicant)

Date: _____

I hereby authorize, request and direct you to immediately release, disclose, and provide unrestricted access to certification/license records and documents pertaining to me to _____
(Requesting Nevada Law Enforcement Agency)

(Signature of Applicant)