



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)