



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

REQUEST FOR VERIFICATION OF CERTIFICATION

To: _____
 (Out of State POST Committee, Commission, Board, Other)
 Address: Street _____ City _____ State _____ Zip _____

*Please return the results of this inquiry to the Nevada Law Enforcement Agency listed below
 Do not return this form to the Nevada Commission on POST*

From: _____ Nevada Law Enforcement Agency
 Agency Single Point of Contact
 Address: Street _____ 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 Equivalency Certificate, we are required to obtain information on the applicant's previous peace officer certification.

APPLICANT INFORMATION DOB _____ SSN _____
 Last Name _____ First Name _____ MI _____

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

Basic Academy completed Yes No If no, please explain _____

Please indicate what the training was for:

- Category I:** Include peace officer 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.

Basic Certificate / License issued Yes No If no, please explain _____

Actions taken against the Basic Certificate or License: *(Please check all that apply)*

- No action taken Cancelled Suspended Revoked

Please explain any actions for Other, Cancelled, 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:

<i>Signature of the person providing the information</i>	<i>Print or type the name</i>	<i>Date</i>
<i>Email Address</i>	<i>Phone number</i>	<i>Fax Number</i>