



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

**SUPERVISOR CERTIFICATE APPLICATION**  
*Refer to LCB File R118-09 Section 4 for certificate requirements*

Last Name _____	First Name _____	Middle _____
POST ID# _____		
Rank / Title _____		Date of appointment/promotion _____
Residence Address (not agency address)		
Street _____	City _____	State _____ Zip _____
Agency Name _____		Agency ID# _____

Currently employed as a Nevada peace officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hire Date	
Has a current Nevada POST Basic Certificate (Category I, II, or III)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Issued	
Is employed full-time as the first line <i>Supervisor</i> ( <i>See definition below</i> ) of at least one other peace officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Appt Date	
Has successfully completed the POST 80 hour Supervisory Course	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Completion Date	
Certificate of completion attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**First line Supervisor defined by NAC:** "First-line supervisor" means a peace officer who supervises other persons and who is on an organizational level immediately above nonsupervisory officers.

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

**POST USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Reviewed _____	Reviewed By _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Data Entry _____			