



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 must be made at least Five (5) business days before exam is to be taken.****
NV POST is open Monday-Thursday.

REQUEST FOR POST STATE CERTIFICATION EXAMINATION

Only employed officers are eligible to take the exam. Individuals must enroll in the NVAPPS system prior to taking the test. Instructions for enrollment in NVAPPS and Steps to take State Certification Exam are on the POST website.

Academy/Agency Name: _____
 Academy/Agency Representative Requesting Exam: _____ Title: _____
 Email: _____ Phone: _____

Exam Category (check applicable boxes below)	# of Students	Exam Date Requested	Requested Exam Time Window (i.e. 8am-1pm)
<input type="checkbox"/> Category I	_____	_____	_____
<input type="checkbox"/> Category II	_____	_____	_____
<input type="checkbox"/> Category III	_____	_____	_____
<input type="checkbox"/> Reserve	_____	_____	_____

Required Document

A document listing **only** those individuals taking the exam with their full name, DOB, and date of academy completion; and must be written on Agency or Academy letterhead. It must be attached to the email when this form is submitted.

Acknowledgement and Understanding

By submitting this request to the Peace Officers' Standards and Training, you agree, to the best of your ability, to adhere to the following POST State Certification Exam requirement:

1. POST must be in receipt of the list of individuals taking the state certification exam.
2. Only peace officers meeting the criteria of successful completion of the academy/reciprocity training as listed in NAC 289.200(11) will be taking the certification examination.
3. All individuals will be taking the certification examination at the agency training site or other authorized agency facility under immediate staff supervision.
4. Academy/Agency staff must administer, supervise and be present for the testing. NO individuals are permitted to take the certification examination on their own.
5. NO PERSON(S) MAY ASSIST, COACH OR TAKE THE EXAM FOR ANOTHER PERSON.

Comments: _____

Email to Rick Radecki, rradecki@post.state.nv.us

POST USE ONLY

Request Scheduled By: _____

Date and Time Testing Available: _____

Password (case-sensitive): _____