



STATE OF NEVADA
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
5587 Wa Pai Shone Avenue Carson City, Nevada 89701
(775) 687-7678 Fax (775) 687-4911

POST DISPATCHER CERTIFICATE APPLICATION
(NAC 289.340)

Applicant: _____

Email Address: _____ Phone: _____

Agency Name: _____

Agency Address: _____

Agency Contact: _____ Agency Phone: _____

Agency Email: _____

Please initial and acknowledge the following statements as true:

- ____ I am currently employed as a law enforcement dispatcher
- ____ I am an authorized user of the National Crime Information Center and able to access the system to make inquiries
- ____ I have successfully passed the online Dispatcher Basic Training course and the certificate of completion is included with this form
- ____ I have filled out the required child support form prescribed by the Division of Welfare and Supportive services of the Department of Health and Human Services pursuant to NRS 425.520 and have included it with this form
- ____ I have successfully complete the agency new dispatcher training program
- ____ I have successfully completed the agencies probationary period

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ Date: _____

*****Please allow up to 30 days to process this application**