



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

JOE LOMBARDO  
Governor

MICHAEL D. SHERLOCK  
Executive Director

## RECIPROCITY PPRT ACKNOWLEDGEMENT

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Administrator \_\_\_\_\_

Agency Single Point of Contact \_\_\_\_\_

Reciprocity Peace Officer Name \_\_\_\_\_

**Pursuant to NAC 289.200 (2)(f), “The peace officer passes a physical fitness examination, if any, that is approved and required by the employing agency of the peace officer.”**

**Initial next to the PT option your agency will utilize for this officer:**

\_\_\_\_\_ Agency waives POST physical readiness test.

\_\_\_\_\_ Agency approved physical readiness test. ***(Include Physical Fitness Test scorecard with Basic Application)***

\_\_\_\_\_ Agency requests POST proctored physical readiness test.

By signing below, I, as the Agency Administrator, acknowledge the new physical fitness examination requirement and approve this selection.

\_\_\_\_\_  
Agency Administrator Signature

**\*\*THIS FORM TO BE SUBMITTED WITH BASIC CERTIFICATE APPLICATION\*\***