



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

**PERSONNEL ACTION REPORT**

*Pursuant to NAC 289.350 and 289.360*

**SECTION "A" CLASSIFICATION**

APPLICANT IS

- |  |  |
|--|--|
| <input type="checkbox"/> NEW EMPLOYEE<br>Complete Sections A, B, D, E        | <input type="checkbox"/> TERMINATED EMPLOYEE<br>Complete Sections A, B, C, E |
| <input type="checkbox"/> A NAME CHANGE EMPLOYEE<br>Complete Sections A, B, E | <input type="checkbox"/> RECORDS UPDATE<br>Complete Sections A, B, D, E      |

The applicant is **CURRENTLY** a Nevada POST **CERTIFIED** Peace Officer.  Yes  No  
 The applicant is **CURRENTLY** a US citizen.  Yes  No  
 The applicant is **CURRENTLY** 21 years of age or older.  Yes  No  
 The applicant meets all requirements of NAC 289.110 (Standards of Appointment).  Yes  No  
*Pursuant to NAC 289.110 (1)(a) thorough Background Investigation Completed.* (New Employees Only)  Yes  No

**Name of Background Investigator (please print)** \_\_\_\_\_  
**Agency Completing Background Investigation** \_\_\_\_\_ Phone \_\_\_\_\_

- Reserve       Line       Supervision       Management       Executive

- CATEGORY I     CATEGORY II     CATEGORY III     RESERVE LIMITED

**SECTION "B" EMPLOYEE INFORMATION**

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ POST ID# \_\_\_\_\_

**Current Name**  Male  Female Ethnic Origin \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Previous Name**  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Residence Address**  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Agency Information**  
 Agency Name \_\_\_\_\_ Hire Date (As A Peace Officer) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Agency Type  Police  Corrections / Detention  Parole / Probation  
 Tribal  Other – Please Specify: \_\_\_\_\_

**SECTION "C" TERMINATED EMPLOYEES**

*Terminated Employees includes those who transfer into non-sworn positions within the agency.*

Type of Action  Resigned  Discharged  Retired  Deceased  Other \_\_\_\_\_  
 Effective Date of Termination \_\_\_\_\_

**If DISCHARGED, was criminal activity involved which would be cause for suspension or revocation of the Certification pursuant to NAC 289.290?**  Yes  No

**Recommendations:** As a result of this termination, you as the agency administrator, make the following recommendation  
 No Action  Suspension  Revocation

**If "Suspension" or "Revocation" is recommended, supporting documentation MUST accompany this Personnel Action Report substantiating any criminal charges, to include the jurisdiction in which criminal charges were initiated.**

<b>Please type or print current name</b>	<b>Last</b>		<b>First</b>		<b>MI</b>
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**SECTION "D" PEACE OFFICER WORK EXPERIENCE**

List ALL Criminal Justice work experience (including Reserve Peace Officer). **DO NOT INCLUDE CURRENT NEVADA AGENCY**

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

Type of Agency  Police  Corrections / Detention  Parole / Probation  Tribal  Other: \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Agency Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ To \_\_\_\_\_ Full Time Paid  Yes  No Reserve  Yes  No

**SECTION "E" AUTHORIZATION**

*I hereby affirm as the employee that I have reviewed the contents of this document and the information that is being submitted to the Commission on Peace Officers' Standards and Training is true and accurate and I understand that any misrepresented information is grounds to revoke my Basic Certificate pursuant to NAC 289.290.*

**NOTE:** Employee signature only required for newly hired employees.

Employee	_____	_____	_____	_____
	Name (Required)	Signature (Required)	Title	Date
Single Point of Contact	_____	_____	_____	_____
	Name	Signature	Title	Date
Agency Administrator or Designee	_____	_____	_____	_____
	Name	Signature	Title	Date
Phone Number	_____	Fax Number	_____	
SPOC E-Mail	_____	Agency Administrator E-Mail	_____	

**POST USE ONLY – DO NOT WRITE IN THIS SPACE**  
 (Initial and date each area that is applicable)

Reviewed \_\_\_\_\_ Date Entry \_\_\_\_\_



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 (775) 687-7678\*Fax (775) 687-4911

**BASIC CERTIFICATE APPLICATION**  
*Pursuant to NAC 289.200*

**SECTION "A"** *(Mark the Category and type of Basic Certificate this application is for)*

**CATEGORY**

- Category I                       Category II                       Category III                       RESERVE LIMITED

- The applicant is CURRENTLY a US citizen                       Yes                       No  
 The applicant is CURRENTLY 21 years of age or older                       Yes                       No  
 The applicant meets all requirements of NAC 289.110 (Standards of Appointment)                       Yes                       No

*This form must be completed for each officer for which application is made*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 POST ID# \_\_\_\_\_  
 Residence Address (not agency address)  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name & Address of Academy Attended \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION "B"**

Agency Name \_\_\_\_\_ Agency ID # \_\_\_\_\_ Hire Date \_\_\_\_\_

*This application will not be processed without copies of the following documents*

- Original Child Support Information (Form AD-2A)
- Physical Fitness Performance Evaluation (Form AD-2B)
- Copy of Nevada Basic Academy Certificate of Completion; or
- Copy of Nevada In-Lieu Equivalency Academy Certificate of Completion. **IN-LIEU APPLICANTS ONLY**
- Copy of Category II to I Upgrade Academy Certificate of Completion. **CATEGORY II to I UPGRADE APPLICANTS ONLY**

**SECTION "C" AUTHORIZATION**

*I hereby affirm as the employee that I have reviewed the contents of this document and the information that is being submitted to the Commission on Peace Officers' Standards and Training is true and accurate and I understand that any misrepresented information is grounds to revoke my Basic Certificate pursuant to NAC 289.290.*

Employee \_\_\_\_\_  
 Name (Required)                      Signature (Required)                      Title                      Date

**SECTION "D"**

*As the agency administrator, this signature verifies that all requirements have been met and I hereby request that a Basic Certificate for the category indicated above be issued to this department on behalf of the listed officer.*

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



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### CHILD SUPPORT INFORMATION

*Pursuant to NRS 289.570 and NRS 425.520, you are required to disclose the following information:*

Please mark the appropriate response (*Failure to mark one of the three will result in denial of the application*).

- I am not subject to a court order for the support of one or more children.
- I am subject to a court order for the support of one or more children and I am in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number _____			
Applicants Name _____			
<i>Type or Print Name</i>	Last	First	MI
Signature of Applicant _____		Date _____	
Witness / Agency Representative _____			
<i>Type or Print Name</i>	Last	First	MI
Signature of Witness / Agency Representative _____		Date _____	



## **Basic Law Enforcement Academy Agency Enrollment Checklist**

- \_\_\_\_\_ Personnel Action Report, Child Support Information, Basic Application.
- \_\_\_\_\_ Agency equipment assigned to employee, shotgun, firearm, ammunition, vest, etc.
- \_\_\_\_\_ Employee Medical Clearance completed by physician.
- \_\_\_\_\_ Uniform Order with either money attached from employee or request of invoice be sent to agency.
- \_\_\_\_\_ Health History Questionnaire completed by employee.
- \_\_\_\_\_ Academy Registration/Release of Liability.
- \_\_\_\_\_ Employee is covered by agency insurance, i.e. workmen comp and understands who to contact in the agency if injured during the academy.

\_\_\_\_\_  
Agency Administrator  
or Designee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Basic Law Enforcement Academy

### Cadet Enrollment Checklist

- \_\_\_\_\_ Academy Registration/Release of Liability
- \_\_\_\_\_ State of NV Vendor Registration Form has been sent to State Controller's Office in Las Vegas
- \_\_\_\_\_ Uniform Order and money or Request for Invoice to be sent to Agency from Agency
- \_\_\_\_\_ Employee Medical Clearance completed by physician
- \_\_\_\_\_ Health History Questionnaire completed by cadet
- \_\_\_\_\_ Received all information pertaining to agency insurance, i.e. workmen comp and understands who to contact in the agency if injured during the academy

\_\_\_\_\_  
Cadet Signature

\_\_\_\_\_  
Date



## Basic Law Enforcement Academy

### Cadet:

Welcome to POST Academy Class 39/40. You will find the academy challenging both mentally and physically. This is a live in academy and operates on a 4 day for 10 hours per day schedule. You must report to Kollar Hall in Building 6 at the Stewart Facility, in south Carson City no later than 0700 hours, January 30, 2012. You must report wearing physical training clothing and ready to take the POST Physical Fitness Entrance Test. If you fail to report by 0700 or fail to pass any event of the entrance PPFT you will not be enrolled and your agency will be notified.

**The enclosed enrollment packet must be completed and returned to the academy with the uniform money no later than June 1, 2012.** All cadets will receive the same uniform package consisting of 4 black polo shirts, 4 fitness t-shirts, 2 fitness shorts, and 2 sets of sweatshirts/sweatpants. Prices are per item and size and these can be found on the uniform order form. Additional items may be ordered using the same enclosed order form. Please ensure the sizes you want are on the order form for the package. **Uniforms will be given to you on the first day of the academy.**

Please fill out the Medical History Questionnaire and take it with you when you visit your doctor who will complete the Medical Clearance form during your physical examination. Enclosed you will find a description of the physical activities you will be involve with during the academy. You should report in good enough physical condition to complete and pass the POST Physical Fitness Test; run 3 miles without stopping and capable of participating in one hour of physical activity.

While attending the academy you will receive a food allowance. The allowance will be paid four days per week Monday-Thursday excluding holidays. Due to processing time of forms, report with sufficient funds for two weeks. Please complete the Substitute IRS form W-9 per the directions on the form and make sure you send it to the Las Vegas address.

All cadets will wear the cadet uniform starting day 2 of the academy. Beards, ear rings and other body piercings are not permitted. Neatly trimmed mustaches are permitted. You will receive a copy of the academy SOP that covers cadet appearance and will adhere to the SOP. If you have a computer with Wi-Fi capability bring it, the dorm is Wi-Fi capable. A copy of the required equipment and uniforms are included in your packet.

To be completed by employee and returned to POST Academy:

Uniform Order Form with Money

Medical Clearance (to be completed by physician)

Medical History Questionnaire

Registration/Release of Liability



## Health History Questionnaire

Complete the following information about yourself.

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

- |     |    |   |
|-----|----|---|
| Yes | No | 1. Has a doctor ever told you that you have a heart condition and that you should only do physical activity recommended by a doctor?                                |
| Yes | No | 2. Do you feel pain in your chest when you do physical activity?  |
| Yes | No | 3. Has a doctor ever told you your blood pressure is too high?  |
| Yes | No | 4. Has a doctor ever told you that you have a bone or joint problem that has been aggravated by exercise or might be made worse with exercise?                      |
| Yes | No | 5. Are you currently taking any prescription medication(s) or have been advised by a doctor that you should be taking prescription medication?                      |
| Yes | No | 6. Do you have asthma or other related breathing problems?  |
| Yes | No | 7. Do you often feel faint or have spells of severe dizziness?  |
| Yes | No | 8. In the past month, have you had chest pain when you were not doing physical activity?  |
| Yes | No | 9. Do you smoke or use smokeless tobacco regularly?   |
| Yes | No | 10. Are you aware, through your own experience or a doctor's advice, of any reason why you should not participate in physical activity without medical supervision? |

I, \_\_\_\_\_ to the best of my knowledge have completed this medical questionnaire form truthfully and accurately on

\_\_\_\_\_

Date

At \_\_\_\_\_, \_\_\_\_\_, Nevada.

Location

City

Academy Cadet

Signature \_\_\_\_\_



**MEDICAL CLEARANCE**  
**TO PARTICIPATE IN THE IN-SERVICE**  
**PHYSICAL FITNESS PROGRAM**

\_\_\_\_\_

Print Name of Individual

Having reviewed the above-named individual's Health History Questionnaire and having read the provided Physical Activity Description, and having personally examined the above-named individual, it is my professional opinion that::

Check one:

\_\_\_\_\_ The above-named individual should participate in the Physical Fitness Program.

\_\_\_\_\_ The above-named individual's participation in the Physical Fitness Program should be restricted as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The above-named individual should not participate in the Physical Fitness Program because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

## Physical Activity Description

To Physician:

The Peace Officers' Standards and Training (POST) Academy's curriculum includes many forms of physical activity that people do not do everyday. POST instructors are all certified in the areas they teach but cannot always accommodate extreme differences in fitness levels. Based upon the following information please evaluate this officer's health and fitness suitability to participate in the academy.

Physical fitness testing: The officer must take an entrance physical fitness test on the first day of the academy. The officer will complete a vertical jump test to exceed 11.5 inches, run the Illinois agility run in not less than 23.4 seconds, complete not less than 24 sit-ups in one minute, perform not less than 18 push-ups no time limit, sprint 300 meters in less than 82 seconds and run 1.5 miles in less than 20 minutes and 20 seconds.

Physical fitness program; 3 days per week, one hour per session consisting of basic calisthenics: push ups, sit ups, pull ups, weight lifting, squats, lunges, sprints and distance running of up to 5 miles. This is a progressive program.

Boxing program: 4 hours of instruction on techniques culminating in 3, one minute per round, one on one match.

Arrest and control tactics: 40 hours of instruction on hand cuffing, self defense techniques, tumbling, falling, twisting and a full range of joint motion.

Impact weapon: 16 hours of instruction on the use of an impact weapon including striking the weapon against training bags.

Firearms training: 60 hours of training covering shooting the handgun, 12 gauge shotgun, and AR-15 rifle in a variety of positions to include, prone, kneeling, sitting and standing and while on the move.

Emergency vehicle operation: 40 hours of training in an emergency vehicle, including driving a tight course in pursuit of other vehicles, emergency braking, evasive maneuvers and backing training.

Night training: 28 hours of a variety of training is conducted at night.



**Basic Law Enforcement Academy**

**MEMORANDUM**

**DATE:** May 1, 2012

**TO:** Agency Administrator

**FROM:** Orlando Guerra, Basic Training Bureau Chief

**SUBJECT:** Cadet Point of Contact

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POST Academy Cadets may be contacted through the Academy Training Office by phone to prevent disruption of classes and training. If the contact is an emergency, the cadet will be notified immediately.

**POST Training Office:**

**Primary Contact:**

**Sally Cardinal, Administrative Assistant III, (775) 687-7678, ext 3310**

**Secondary Contacts:**

**Orlando Guerra, Basic Training Bureau Chief: (775) 687- 7678, ext. 3308**

**Warren Turner, Training Officer: (775) 687-7678, ext. 3304**



Basic Law Enforcement Training Academy

**Academy Registration/Release of Liability**

Applicant \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 (please print) Last First Middle

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ POST Pin #: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

High School Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No OR G.E.D. \_\_\_\_\_ U.S. Citizen: \_\_\_\_\_ Military Service: \_\_\_\_\_

Highest College Year Completed: (circle one) 13 14 15 16 17 18 Highest Degree Earned: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City State Zip

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
 City State Zip

I \_\_\_\_\_, release the State of Nevada, The Commission on Peace Officers Standards and Training, The Nevada POST Academy staff and instructors and any agency officially associated or connected with the academy from liability in case of any illness or accidental injury that I may incur while attending the academy. I understand that for any illness or injury not covered by my agency's worker's compensation insurance I will only be covered by insurance to the extent that I would be covered while at my own agency under my personal or agency provided medical insurance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Firearms Information:**

IDENTIFICATION	HANDGUN	SHOTGUN
MAKE		
MODEL		
SERIAL NUMBER		
CALIBER		
OWNER	<input type="checkbox"/> PERSONAL <input type="checkbox"/> AGENCY	<input type="checkbox"/> PERSONAL <input type="checkbox"/> AGENCY

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

# STATE OF NEVADA

## VENDOR REGISTRATION



**Mail or fax to:**  
**STATE CONTROLLER'S OFFICE**  
 555 E WASHINGTON AVE STE 4300  
 LAS VEGAS NV 89101-1071  
**PHONE: 702/486-3810 or 702/486-3856**  
**FAX: 702/486-3813**

*All sections are mandatory and require completion. IRS Form W-9 will not be accepted in lieu of this form.*

**1. NAME** For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
---	-------------------------

**2. ADDRESS/CONTACT INFORMATION**

Address A – Physical address of <input type="checkbox"/> Company Headquarters <input type="checkbox"/> Individual's Residence Is this a US Post Office deliverable address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Address B <input type="checkbox"/> Additional Remittance – PO Box, Lockbox or another physical location.		
Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
E-mail Address			E-mail Address		
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact			Primary Contact		

**3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)** Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN) <input type="checkbox"/> Trust/estate (SSN or EIN)	<input type="checkbox"/> LLC tax classification: <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SSN
		Name associated with SSN:
		EIN
		New TIN? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide previous TIN & effective date.
		Previous TIN: _____ Date: _____

**OTHER INFORMATION** Check **all** that apply.

<input type="checkbox"/> Doctor or Medical Facility	<input type="checkbox"/> In-State (Nevada)	<input type="checkbox"/> Nevada Business License Number:
<input type="checkbox"/> Attorney or Legal Facility	<input type="checkbox"/> DBE Certificate #:	

**4. ELECTRONIC FUNDS TRANSFER** *Per NRS 227, payment to all payees of the State of Nevada will be electronic.*

Complete the following information **AND** provide a copy of a voided imprinted check for the account. If there are no checks for the account, restate the bank information on company letterhead. Individuals may provide a signed letter. **A deposit slip will not be accepted.** For a savings account, provide a signed letter with the bank information. Information on this form and the support documentation **must match**. Allow 10 working days for activation.

The information is for address <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Both		
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Provide an e-mail address for receiving Direct Deposit Remittance Advices.
Transit Routing Number	Bank Account Number	

Do not have a bank account.

**5. IRS FORM W-9 CERTIFICATION AND SIGNATURE**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev January 2011).

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature	Print Name & Title of Person Signing Form	Date
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<b>FOR STATE CONTROLLER'S OFFICE USE ONLY</b>		<b>Name of State agency contact &amp; phone number:</b>	
Primary 1099 Vendor <input type="checkbox"/>	1099 Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments	
Entered By	Date		

## Registration Instructions

### General Instructions:

1. The substitute IRS Form W-9 is for the use of United States entities only. Non-US entities must submit an IRS Form W-8.
2. Type or legibly print all information except for signature.
3. All sections are mandatory and require completion.

### Specific Information:

#### 1. NAME

- a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.
- b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.
- c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.

#### 2. ADDRESS/CONTACT INFORMATION

- a. Address A – *If the address is non-deliverable by the United States Postal Service, complete both Address A and B sections.*  
Company – Provide physical location of company headquarters.  
Individual – Provide physical location of residence.  
E-mail – Provide complete e-mail address when available.  
Telephone Number – Include area code.  
Fax Number – Include area code.  
Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.
- b. Address B – Provide additional remittance address and related information when appropriate.

#### 3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

- a. Individual – A person that has no association with a business.
- b. Proprietorship – A business owned by one person.
- c. Partnership – A business with more than one owner and not a corporation.
- d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.
- e. LLC – Limited Liability Company. **Must mark appropriate classification – disregarded entity, partnership or corporation.**
- f. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.
- g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.
- h. Doctor or Medical Facility – Person or facility related to practice of medicine.
- i. Attorney or Legal Facility – Person or facility related to practice of law.
- j. In-state – Nevada entity.
- k. Disadvantaged Business Enterprise (DBE) – A small business enterprise that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. **Provide certification number.** See <http://www.nevadadbe.com> for certification information.
- l. Nevada Business License number – Current NV business license number which was issued by the NV Secretary of State.
- m. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS.  
**Per the IRS, use the owner's social security number for a proprietorship.**

#### 4. ELECTRONIC FUNDS TRANSFER

Per NRS 227, payment to all payees of the State of Nevada will be electronic. Provide a copy of a voided imprinted check or restate bank information on letterhead. **A deposit slip will not be accepted.** Information on this form and the support documentation **must match.**

- a. Bank Name – The name of the bank where account is held.
- b. Bank Account Type – Indicate whether the account is checking or savings.
- c. Transit Routing Number – Enter the 9-digit Transit Routing Number.
- d. Bank Account Number – Enter bank account number.
- e. Direct Deposit Remittance Advice – Direct Deposit Remittance Advices are sent via e-mail when possible. Companies should provide an address that will not change, i.e. [accounting@business.com](mailto:accounting@business.com).

#### 5. IRS FORM W-9 CERTIFICATION AND SIGNATURE

- a. The Certification is copied from IRS Form W-9 (rev. January 2011). See IRS Form W-9 for further information.
- b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
- c. Print the name and title, when applicable, of the person signing the form.
- d. Enter the date the form was signed. Forms over three years old will not be processed.

**Do not complete any remaining areas. They are for State of Nevada use only.**

Mail or Fax signed form to:

NEVADA STATE CONTROLLER'S OFFICE  
555 E WASHINGTON AVE STE 4300  
LAS VEGAS NV 89101-1071  
Fax: 702/486-3813

**Sending to any other location will delay processing.**

Questions can be directed to 702/486-3810 or 702/486-3856 or e-mailed to [vendordesk@controller.state.nv.us](mailto:vendordesk@controller.state.nv.us).



**ENCLOSURE 9.3**  
**REQUIRED EQUIPMENT**  
**AND**  
**UNIFORMS**

- **CADET UNIFORMS**
  
- **PHYSICAL FITNESS TRAINING**
  
- **FIREARMS RANGE**
  
- **EQUIPMENT**
  
- **MISCELLANEOUS INFORMATION**

## 1. ACADEMY UNIFORMS CATEGORY I AND CATEGORY II ACADEMIES

As set forth in Section 3.4, all students are required to wear the academy uniform.

- Uniform trousers: Three (3) pair of khaki style field trouser, e.g., BDU.
- Uniform shirt: A minimum of four (4) solid black, polo style, short sleeve shirt, without pocket or other adornments, with welt collar and welt or rib knit cuffs with the POST logo screen printed in white on the left chest.(See Uniform Order Form)
- Footwear: Minimum of one (1) pair, plain black commonly used police boots, or boots or combined nylon composition and leather footwear. The boots shall be free of ornamentation or decorative stitching. These boots shall be constructed with rubber or composition soles and heels. Toes shall be u-shaped and conform to the contour of the sole. Heels shall not exceed one inch in height. Shoes, such as ordinary tennis shoes, running shoes, “corfram”, patent leather or western style boots are not permitted.
- Headgear: Except for firearms and range activities, headwear is not required. When headwear is used it shall be a black baseball cap style. As an alternative, cadets may wear their authorized agency ball cap.
- Cold weather jacket: The agency jacket is authorized. Personnel who are not issued a cold weather jacket by their agency may wear a dark or subdued plain (without design or lettering) colored jacket.
- Uniform socks: Minimum of four (4) pair, color-black. Socks shall be free of any visible patterns or decorative designs.
- Uniform belt: Minimum of one (1), Department issued leather belt, at least one inch wide with brass rectangular uniform belt buckle.
- Name Tag: Department issued name tags. The cadet’s last name and first initial (at a minimum) should appear on the name tag. The name tag shall be worn on the right chest of the uniform shirt. Cadets will also wear the POST issued identification card attached to the left side of the shirt collar.
- Cold weather cap (optional). Brand name optional, color-black, style: ski type cap, construction: may vary, synthetic blend.
- Cold weather gloves (optional). Brand name optional, color-black, construction may vary, leather or synthetic, wool or cotton blends.

## **2. PHYSICAL FITNESS TRAINING**

Physical conditioning, defensive tactics and PR-24 require the following exercise clothing.

- Two (2) plain sweatshirt, black, long sleeve. (See Uniform Order Form)
- Two (2) plain sweat pants, black. (See Uniform Order Form)
- Three (3) plain running shorts, mid-thigh length, black. (See Uniform Order Form)
- Four (4) plain T-Shirts, crew neck, white. Your last name shall be stenciled on the back, upper middle, in two inch black letters. (See Uniform Order Form)
- One (1) pair of good quality running shoes.

## **3. FIREARMS RANGE CATEGORY I AND CATEGORY II ACADEMIES**

- Agency baseball style cap. If none issued, black baseball style cap.
- Academy trousers. A khaki style field trouser, e.g., BDU.
- Physical training T-shirt.
- Utility belt and accessories as described in Section 4 of this enclosure.
- Protective vest.

#### 4. EQUIPMENT and SUPPLIES

DESCRIPTION	CATEGORY I	CATEGORY II
DUTY HANDGUN	X	X
AGENCY 12 GAUGE SHOTGUN	X	X
FOUR (4) MAGAZINES (PISTOL) OR FOUR (4) SPEED LOADERS (REVOLVER)	X	X
2000 ROUNDS OF AMMUNITION FOR HANDGUN	X	X
SHOTGUN AMMUNITION: 100 RDS EACH OF 00 BUCKSHOT AND RIFLED SLUG	X	X
DEPARTMENT ISSUED UTILITY BELT AND UTILITY ACCESSORIES E.G., HOLSTER, BELT KEEPERS, BATON HOLDER, KEY HOLDER, HANDCUFF CASE WITH FLAP, FLASHLIGHT HOLDER AND CHEMICAL AGENT HOLDER.	X	X
HANDGUN CLEANING KIT	X	X
SAFETY GLASSES	X	X
HEARING PROTECTION - PLUGS OR MUFFS WITH MINIMUM NOISE REDUCTION RATING OF 25	X	X
ONE SET HANDCUFFS	X	X
ONE PR-24 SIDE HANDLE BATON	X	X
STRAIGHT, EXPANDIBLE BATON, E.G., ASP	NOTE 1	NOTE 1
ONE FLASHLIGHT APPROVED FOR DUTY USE	X	X
APPROVED PROTECTIVE VEST	X	X
(MALE) ATHLETIC SUPPORTER WITH CUP	X	X
(FEMALE) PROTECTIVE SPORTS BRASSIERES	X	X
PERSONAL TOILETRY AND CONVENIENCE ITEMS	X	X
BOXING MOUTHPIECE AND HAND WRAPS	X	X
WHITE LAUNDRY BAG, WITH TIE STRING, LAST NAME IMPRINTED IN PERMANENT MARKER ON THE SIDE OF THE BAG.	X	X

Note 1 - Personnel participating in this 8 hour certification program are required to provide their own expandable baton.

## **5. MISCELLANEOUS INFORMATION**

- Basic Classroom Supplies.
- Laptop
- TI-30X Calculator for Category I officer only
- Bring either formal business attire or agency class A uniform for court room training.
- Personal toiletry items.
- Bed linen will be provided to dormitory residents. Cadets may supply their own pillow.
- Cadets who will apply for VA benefits, shall bring a certified copy of the DD Form 214, and copies of all educational and vocational transcripts.

## **ENCLOSURE 9.4**

### **PERSONAL APPEARANCE STANDARDS**

- **CADET STANDARDS**
  
- **EXCEPTIONS**

## POST ACADEMY CADETS

1. Hair:
  - Hair shall be neat, clean and neatly trimmed.
  - Male, hair shall not cover any portion of the ear.
  - Female, hair shall be combed or cut in a fashion that does not cover the lower portion of the ear or more than two inches in front of the ear.
  - Hair shall not be styled in a fashion which hinders wearing of the uniform hat in the prescribed manner.
  - Hair shall not be cut in any inappropriate/eccentric style.
  - No decorations shall be worn in the hair except clips, pins, rubber bands or elastic fabric hair retainers that closely match the hair color.
  - Hair shall be a natural human color.
  - No hair shall be visible on the forehead below the brim of the hat.
2. Sideburns shall not extend below the lowest part of the exterior opening of the ear.
  - Sideburns will be of an even width and not be flared.
3. Mustaches will not extend over the top or in anyway obscure the upper lip.
  - Mustaches will not extend below or more than ½ inch beyond the corners of the mouth.
  - Mustaches will be kept short and neatly trimmed to prevent an overly busy appearance.
  - Nasal hairs will be kept trimmed so as not to protrude from the nostrils.
  - Beards of any type are prohibited.
4. Eyelashes
  - False eyelashes are prohibited.
5. Cosmetics
  - Cosmetics shall be subdued and match the natural color of the skin.
6. Fingernails
  - Fingernails shall be kept clean and neatly trimmed.
  - Fingernails shall not extend more than ¼ inch beyond the tips of the fingers or thumb.
  - Fingernail polish, if worn, will be clear.
7. Personal Hygiene
  - Cadets will maintain a reasonably acceptable personal hygiene practice.
8. Earrings, facial or oral piercings are prohibited during the academy.
9. Tattoos must conform to the cadet's agency policies.

## **EXCEPTIONS**

1. The standards for hair grooming and facial hair may be waived if the cadet's employing agency verifies that the cadet's assignment, immediately following graduation, requires exception to these standards.
2. In the event that a waiver of the facial hair standard is accepted by the academy, the hair will be neatly trimmed and conform to the jaw line.
3. The basic training bureau chief may, at his option, wave any standard with prior coordination.





QTY

SIZE



QTY

SIZE

**Cadet Black Polo Shirt with Logo on left chest**

Sport-Tek Performance Fabric, 3.5 oz. 100% Polyester

- Black Sm-XLG: \$18.99 ea**
- Black 2XL: \$19.99 ea**
- Black 3XL: \$20.99 ea**
- Black 4XL: \$21.99 ea**

**Black Shorts NO LOGO**

Sport-Tek Performance Fabric, 2.5 oz. 100% Polyester Mesh, Fully lined

- Black Sm-XLG: \$10.00 ea**
- Black 2XL: \$11.00 ea**
- Black 3XL: \$13.00 ea**
- Black 4XL: \$14.00 ea**



QTY

SIZE



QTY

SIZE

**Black 1/4" Zip Long Sleeve Sweatshirt NO LOGO**

Sport-Tek Performance Fabric 60/40 Cotton/Poly Blend

- Black Sm-XLG: \$17.50 ea**
- Black 2XL: \$18.50 ea**
- Black 3XL: \$20.50 ea**
- Black 4XL: \$21.50 ea**

**Black Athletic Pants NO LOGO**

Sport-Tek Performance Fabric, 100% Polyester

- Black Sm-XLG: \$19.00 ea**
- Black 2XL: \$20.00 ea**
- Black 3XL: \$22.00 ea**
- Black 4XL: \$23.00 ea**



QTY

SIZE

**Cadet T-shirt White with Logo and Cadet Name**

6 oz. 100% preshrunk cotton

- Black Sm-XLG: \$6.00 ea**
- Black 2XL-4XL: \$7.00 ea**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

**TOTAL PURCHASE**