

Louisiana Peace Officer Standards and Training
(225) 342-1530
FAX: (225) 342-1672

FORM PC-201: Certification Status Request

1. Type or print clearly.
2. Submit this form please, not your resume'.
3. If additional space is required, attach extra sheets as necessary. Make sure your name and social security number appears on each extra sheet used.
4. Answer all questions completely! **Failure to provide complete and accurate information will result in a processing delay and may result in loss of certification or grandfathership!**
5. **Work Experience:** Begin with your **FIRST** law enforcement position in Block 1 and work forward, ending with your most recent or current position (where you are working now). **Incomplete information can affect the determination rendered by P.O.S.T.** Be sure to include ALL law enforcement experience (full-time, part-time, and reserve) with specific dates of service (month/day/year).
6. Attach copies of basic training (and/or refresher) certificates only. In-service, specialized and advance training does NOT apply towards POST certification. Therefore, DO NOT submit copies of those certificates, unless specifically requested. Federal law enforcement service and/or training does NOT apply towards POST certification.
7. **Signatures:** The person who completes and submits this form must sign this form. All forms must also be signed by the agency head/official (sheriff, chief, etc.). Forms without appropriate signatures will be returned.
8. Please attach a cover sheet indicating what information/question you are asking POST to address. Also, indicate a name and phone number for us to call if there are any questions. Please fax ALL pages and any applicable certificates to (225) 342-1672, ATTN: POST

Louisiana Peace Officer Standards and Training

Post Office Box 3133

Baton Rouge, LA 70821

Phone: 225-342-1530, Fax: 225-342-1672

Email: POST@lcle.la.gov

FORM PC-201: Certification Status Request

PLEASE PRINT OR TYPE:

FULL NAME (First, Middle, Last):	MAIDEN NAME:	SSN:
EMPLOYING AGENCY:	DRIVERS LICENSE (State and #):	DATE OF BIRTH:
AGENCY MAILING ADDRESS:	AGENCY PHONE #:	AGENCY FAX #:

TRAINING (Louisiana POST Certification ONLY):

Basic Academy Attended: (Attach copy of certificate)	Graduation Date:	Number of Training Hours Completed:
_____	_____	_____

EMPLOYMENT INFORMATION

(Law Enforcement Experience ONLY in order – Attached additional pages if needed):

1	AGENCY:	Dates of Employment: Beginning Month____ Day____ Year____ Ending Month____ Day____ Year____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

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NAME _____ SSN _____

2	AGENCY:	Dates of Employment: Beginning Month ____ Day ____ Year ____ Ending Month ____ Day ____ Year ____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

3	AGENCY:	Dates of Employment: Beginning Month ____ Day ____ Year ____ Ending Month ____ Day ____ Year ____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

4	AGENCY:	Dates of Employment: Beginning Month ____ Day ____ Year ____ Ending Month ____ Day ____ Year ____
CITY AND STATE:		OFFICIAL JOB TITLE:
CHECK ONE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/> Corrections <input type="checkbox"/> Jailer		REASON FOR LEAVING:
NAME OF PERSON WHO CAN VERIFY THIS EMPLOYMENT:		

I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Chief/Sheriff/Agency Head (Required for Processing) _____
Date

Printed Name of Chief/Sheriff/Agency Head (Required for Processing)

Signature of Applicant (Required for Processing) _____
Date