

# POST Officer Involved Shooting (OIS) Investigator Training Waiver Request Form

Email to POST@lcle.la.gov

**Officer Information: (ALL information MUST be completed)**

Last Name:	First Name:	Maiden/Middle Name:	Generation (Sr., Jr., etc):
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address:			
Employing Agency:			Hire Date:
POST Academy Attended:	Graduation Date:	P.O.S.T. Certificate #:	

**Questions concerning OIS Investigation Experience:**

1. Has the above officer worked on an OIS investigation?  YES  NO
2. If yes, how long has the officer worked as an OIS investigator?  
\_\_\_\_\_ years \_\_\_\_\_ months
3. If yes, approximately how many OIS investigations has the officer worked? \_\_\_\_\_
4. Has the above officer worked as the LEAD investigator in an OIS investigation?  
 YES  NO

**Attach a typed list of ALL training, dates, and locations relevant to OIS Investigator Training. Attach copies of the training certificates or documentation of attendance at these courses. Also, attach a breakdown of experience as an OIS Investigator.**

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**Signature of Officer:** \_\_\_\_\_

**As the Agency Head, I am requesting a waiver of the OIS Investigator Training Requirement under LARS 40:2536. This request is based on the officer's prior investigation training and/or experience. 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 Agency Head:** \_\_\_\_\_

**Printed Name of Agency Head:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**MUST be signed by AGENCY HEAD (i.e., Sheriff, Chief, Superintendent, etc.)**