POST Homicide 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): ☐ Male ☐ Female
Email Address:			
Employing Agency:			Hire Date:
POST Academy Attended:	Graduation Date:		P.O.S.T. Certificate #:

Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☐ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?
   _____ years _____months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator? _____
4. Has the above officer worked as the LEAD investigator in a homicide case? ☐ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?
   _____ years _____months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? _____

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Attach copies of the training certificates or documentation of attendance at these courses. Also, attach a breakdown of experience as a homicide investigator.

Signature of Officer:_____

As the Agency Head, I am requesting a Waiver of the Homicide Investigator Training Requirement under LARS 40:2405.8. This request is based on the officer's prior investigation training and 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.)