POST Officer Involved Shooting (OIS) Investigator Certification 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:

Questions concerning OIS Investigator Certification Requirements:

1. Is the above officers a POST Certified homicide investigator? ☐ YES ☐ NO
2. Does the above officer have 5 years of general investigative experience? ☐ YES ☐ NO
3. Does the above officer have 3 years of homicide investigative experience? ☐ YES ☐ NO
4. Has the above officer successfully completed a POST approved officer involved shooting investigator training? ☐ YES ☐ NO

Attach copies of the training certificates for POST approved OIS Investigator training completed.

Signature of Officer:_____

As the Agency Head, I am requesting certification of the above investigator based on the Officer Involved Shooting Investigation Training Requirements under LARS 40:2536. 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.)