PC: 201 Certification Status Request Form Instructions

1. Type or print clearly.

2. Submission of the form is **REQUIRED**, do not send any resumes.

3. If additional space is required, attach extra sheets as necessary. Make sure to write or record the name and social security number of the officer on the top of each sheet submitted.

4. All requested information is **REQUIRED**. Incomplete forms **will not** be processed and will be returned to the requesting agency.

5. **Employment Information:**
    a. Begin with the officer's FIRST law enforcement position in Block 1 and work forward, ending with their most recent or current position. If requested employment information is not completed, the form **will not** be processed and will be returned to the requesting agency.
    b. Be sure to include ALL law enforcement experience (full-time, part-time, and reserve) with specific dates of service (i.e. month/day/year).

6. Copies of training certificates **DO NOT** need to be attached/submitted.

7. Federal law enforcement service and/or training does **NOT** apply towards POST certification and does not need to be included on the form.

8. **Signatures:**
    a. Both the officer and requesting agency head **MUST** sign the completed form. Forms without the required signatures **will not** be processed and will be returned to the requesting agency.

Revised 02/2025

Louisiana Peace Officer Standards and Training

Certification Status Request (PC-201)

Submit by email **ONLY** to POST@lcle.la.gov

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. INCOMPLETE FORMS WILL NOT BE PROCESSED.

Applicant Information:

Full Name (First, Middle, Last):	Maiden Name:	Date of Birth (MM/DD/YYYY):
Full SSN:	Driver's License #/State:	Sex: ☐ Male ☐ Female

Requesting Agency Information:

Agency Name:	Agency Contact (including title):
Agency Mailing Address (including city, state, and zip code):	Agency Contact Phone #:
	Agency Contact Email:

Training Information (Louisiana POST Certification ONLY):

POST Academy Attended:	POST Certification Date:	Certificate #:
Level I:		
Level II:		
Level III:		

Out of State POST Certification:

☐ Yes ☐ No	State:

Employment Information (Law Enforcement Experience ONLY):

1	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #:

Page: _____
Name: _____ SSN: _____

2	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #:

3	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #:

4	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #:

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.

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

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

_____ _____
Signature of Applicant **(Required for Processing)** Date

Page: _____

Name: _____ SSN: _____

	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #:

	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #:

	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #:

	Agency Name (including city and state):	Dates of Employment: Beginning Month_____ Day_____ Year_____ Ending Month_____ Day _____ Year _____
Check One: ☐ Full Time ☐ Part Time ☐ Reserve		Reason for Leaving:
Name and Title of Person Who Can Verify Employment:		Phone #: