Form: PC-249 **CORRECTIONS EXAMINATION REQUEST** **Rev. 09/2026**

ACADEMY _____ **POST TEST DATE** _____ **TEST TIME** _____ **# OF STUDENTS** _____
GRADUATION DATE _____

CERTIFICATIONS
Before the POST portion of this Exam can be administered, this form must be submitted to the POST Council Office, at least **10 days prior** to the exam date requested. If PQC scores are not available at the time this form is submitted, they must be provided on exam date or the exam will not be administered.
DO NOT write in the columns marked with an asterisk (*). Those columns are for POST use only.

Certification of Academy Director
I hereby certify to the best of my knowledge, that the individuals listed are full-time peace officers, as defined in the POST Law (R.S. 40:2402), **UNLESS OTHERWISE NOTED**. I further certify that these individuals received the minimum 330 hours of POST Corrections training, have successfully completed all training modules of the academy and will receive a certificate of successful completion of the academy. The corrections training was conducted at the above mentioned POST Certified Academy. *Falsification of information on this form may result in withdrawal of academy accreditation.*

_____ (Academy Director Signature)

Certification of POST Firearms Instructor
I hereby certify that the below listed individuals qualified with their service weapons on the POST Firearms Qualification Course (PQC); the scores were computed and verified in accordance with POST Regulations and are an accurate record of their qualification. *Falsification of information on this form may result in withdrawal of instructor certification.*

_____ (POST Firearms Instructor Signature) _____ (POST Testing Officer & Date)

* NP	NAME (As It Appears on Driver's License) Last First Middle	* ID	* 562	* Dist	M/F	* CERT. #	Social Security # Driver's License #	DOB	AGENCY	HIRE DATE	* Location	* Date	* Score	PQC	* POST

* NP	NAME (As It Appears on Driver's License) Last First Middle	* ID	* 562	* Dist	M/F	* CERT. #	Social Security # Driver's License #	DOB	AGENCY	HIRE DATE	* Location	* Date	* Score	PQC	* POST

PC-249 **Page #: _____** **Academy: _____** **Test Date: _____**