

**TRIBAL AGENCY DATA** Complete each time  Address Change  Department Head Change

Name of Agency: \_\_\_\_\_ NCIC Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Department Head: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ -- \_\_\_\_\_

**EMPLOYEE DATA** Complete each time

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_  
 Home Address \_\_\_\_\_ City: \_\_\_\_\_ OK Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Race: \_\_\_\_\_ Education: GED  HS Diploma College Degree Major: \_\_\_\_\_  College (No degree) Number of Hours \_\_\_\_\_

**TRIBAL OFFICER** Check one: **Form must be submitted within ten (10) days for all tribal officers cross-deputized with a law enforcement agency under 74, O.S., 1221 (c) or (d).**

1. Already Certified in Oklahoma.  
 2.\*\* Needs basic academy training.  
 3.\*\* Certified in another state or through federal agency. When certified: \_\_\_/\_\_\_/\_\_\_ Where: \_\_\_\_\_ Last working day in law enforcement: \_\_\_/\_\_\_/\_\_\_ Attach copies of certification from other state or federal agency.  
 4.\*\* Requesting Collegiate Officer Program Certification.

\*\*If seeking Oklahoma peace officer certification, officer must be cross-deputized with an Oklahoma law enforcement agency. Must provide copy of commission card from law enforcement agency, pursuant to a valid intergovernmental cooperative agreement executed in accordance with the provisions of 74 O.S. Section 1221(c) or (d). In addition, O.S. 70, Section 3311 requires that peace officers: (1) Must be 21 years of age to be certified; (2) must be a U. S. Citizen or in resident alien status, as defined by U. S. INS; (3) must possess a high school diploma or GED Certificate (effective 11/1/85); (4) must take a psychological test, test must be evaluated by a licensed psychologist for certification. After peace officer certification is received, no additional psychological testing is required at time of employment (effective 6/7/04); (5) must be fingerprinted within 10 days of hiring (prints must be submitted to OSBI for OSBI and FBI for record checks for certification purposes. (6) Effective 11/1/04 all peace officers must successfully complete a basic police academy "within the first six (6) months after assuming the duties of the office to which they are elected or appointed; (7) must not be participating in a deferred sentence for a felony, crime involving moral turpitude, or domestic violence; and 8) must not be subject to CLEET Order revoking certification or accepting voluntary surrender.

Name of Oklahoma Law Enforcement Agency \_\_\_\_\_ Agency Head \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Complete one: **EMPLOYMENT OR TERMINATION** Chose one: FULL-TIME or RESERVE

**EMPLOYMENT INFORMATION**

Date of Employment **AS CROSS-DEPUTIZED PEACE OFFICER:** \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Has employee ever been convicted of a felony, crime of moral turpitude, or crime of domestic abuse in any state or federal court? OYes ONo

Is employee currently participating in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic abuse? OYes ONo

Is employee currently undergoing treatment for a mental illness disorder? OYes ONo

Have fingerprints been taken and sent to the OSBI for state and federal record checks? OYes ONo

Has employee received psychological test and evaluation? OYes ONo

**TERMINATION INFORMATION**

Date Terminated: \_\_\_/\_\_\_/\_\_\_  
 SSN: \_\_\_\_\_  
 Resigned  Discharged  Retired  Deceased  
 Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WAIVER** Complete each time

I certify the information provided is correct to the best of my knowledge. I understand that any false statement may be a crime punishable by fine and or imprisonment. I hereby authorize the Council on Law Enforcement Education and Training or other authorized representatives of the Council bearing this form or a copy thereof, to release any information entered on this form to any law enforcement agency.

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Original Signature of Employee (Required for employment) Original Signature of Tribal Agency Head or Designee