

Complete one: FULL-TIME OR RESERVE

FULL-TIME OFFICER (Over 25 hours per week)
 Not certified, needs training
 Already Certified in Okla. Last working day in law enforcement: ____/____/____
 Certified in another state, requesting reciprocity. When: ____/____/____
Where: _____ Last working day in law Enforcement: ____/____/____
 Requesting Collegiate Officer Program Certification

RESERVE OFFICER
 Not certified, needs training
 Already Certified in Okla. Last working day in law enforcement: ____/____/____ Certified in another state, requesting reciprocity. When: ____/____/____
Where: _____ Last working day in law Enforcement: ____/____/____
 Requesting Collegiate Officer Program Certification

AGENCY DATA Complete each time	<input type="checkbox"/> Address Change <input type="checkbox"/> Department Head Change
Name of Agency: _____	NCIC Number: _____
Address: _____ City: _____	County: _____ Zip: _____
Department Administrator: _____ 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: <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> College Degree _____ Major: _____ <input type="checkbox"/> College (No degree) Number of Hours _____

Complete one: EMPLOYMENT OR TERMINATION

EMPLOYMENT INFORMATION: Date of Employment **AS COMMISSIONED PEACE OFFICER:** ____/____/____ Position: _____

EMPLOYEE ATTESTATION: Employee states the following: (1) I am at least 21 years of age; (2) I am a U.S. Citizen or in resident alien status, as defined by U.S. INS; (3) I possess a high school diploma or GED Certificate (effective 11/1/85); (4) I have never been convicted of a felony, crime of moral turpitude, or crime of domestic abuse in any state or federal court; (5) I am not currently participating in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic abuse; and (6) I am not currently undergoing treatment for a mental illness disorder. 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.

Original Signature of Employee (Required at time of employment) _____ Date: ____/____/____

AGENCY ADMINISTRATOR ATTESTATION: Administrator states the following: (1) Employees fingerprints have been taken and sent to the OSBI for state and federal record checks (must be done within ten days of hiring for all officers); (2) Psychological examination has been administered and is being evaluated by a licensed psychologist. (REQUIRED IF EMPLOYEE HAS NEVER BEEN CERTIFIED. After peace officer certification is received, and suitable psychological test has been received, no additional psychological testing is required at time of employment. (effective 6/7/04); (3) If not certified, this Officer will be enrolled basic academy pursuant to statute, within the first six (6) months after assuming the duties of the office to which they are elected or appointed. 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.

Original Signature of Agency Administrator or Designee _____ Date: ____/____/____

HIRING AGENCY VERIFICATION: Please verify whether you are hiring a peace officer who is resigning from a law enforcement agency within one (1) year of obtaining CLEET certification. Pursuant to 70 O.S. 3311(O), enacted in 1993, *your agency may be subject to legal action and will be required to reimburse the original employing agency for the salary paid to the individual while he/she attended CLEET approved basic police training.* Please confirm receipt of this notice by checking the appropriate box:

Officer Within One Year of Certification Not Applicable

TERMINATION INFORMATION: Date Terminated: ____/____/____ Resigned Discharged Retired Deceased

Comment: _____

AGENCY ADMINISTRATOR ATTESTATION: I certify the termination 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.

Original Signature of Agency Head or Designee _____ Date: ____/____/____