

# Application for Criminal Investigation Certificate Program

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date \_\_\_\_\_ DOB \_\_\_\_\_ ACADIS ID #: \_\_\_\_\_

Rank \_\_\_\_\_ Dept. Name \_\_\_\_\_

Agency Address \* (complete department mailing address with zip code)

Work Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \* (complete mailing address with zip code)

Home Email \_\_\_\_\_ Home \_\_\_\_\_

\* Check block for location where correspondence is to be sent - work or home.

## Education

List below your highest level of education /Degrees:

## Work Experience

Number of years working in a sworn or law enforcement support capacity \_\_\_\_\_

\* Issue date of Basic Law Enforcement Certificate \_\_\_\_\_

## Statement of Agreement

*My signature below signifies that I agree to comply with the terms and requirements of the Program.*

## Sponsor

Department Training Director or Immediate Supervisor: (Endorsing participation in the program)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Sponsor

Agency Head or Designee (Endorsing participation in the program)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**E-Mail completed application to Doug Robinson.**

**DO NOT WRITE BELOW LINE**

Date Applied \_\_\_\_\_ Completion Date \_\_\_\_\_ Extension \_\_\_\_\_ PLI \_\_\_\_\_

Certificate Mailed \_\_\_\_\_ I & I \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_ FIP/GCI \_\_\_\_\_