

New York State Division of Criminal Justice Services
WAIVER OF PEACE OFFICER TRAINING REQUIREMENT
(Executive Law §841)

THIS FORM IS USED BY PERSONS WHO HAVE RECEIVED PRIOR CERTIFICATION OF POLICE BASIC TRAINING FROM THE STATE, TOWN, VILLAGE, MUNICIPAL AUTHORITY, OR POLICE DISTRICT OF NEW YORK STATE OR WHILE FORMERLY EMPLOYED AS A POLICE OFFICER. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

Executive Law §841(3) authorizes the commissioner of the Division of Criminal Justice Services to certify police and peace officer basic training, and to issue equivalency certificates when appropriate.

SECTION I: APPLICANT INFORMATION

This section must be completed by the chief executive officer of the applicant's current employer. Only individuals appointed to positions defined in Criminal Procedure Law Sections 2.10 or 2.16 are eligible to apply for the waiver.

Type or print legibly, the applicant's last name, first name, middle initial, date of birth, social security number, and gender. Enter the name of the current employer, the rank and/or title of the applicant, and the date of initial appointment. While the Social Security Number is not required, the accuracy of linking future training records with appointment information cannot be assured without it. Carefully read the certification. Sign and date in the area provided. With the exception of Social Security Number, the information in Section I is required. Incomplete submissions will not be processed.

SECTION II: PREVIOUS POLICE OR PEACE OFFICER EXPERIENCE

Type or print legibly, the agency name, telephone, complete mailing address, title or rank of the applicant, type of appointment (full or part-time), the date of appointment and the date of separation from service (if any). Repeat for each police employer. Incomplete submissions will not be processed.

Applicants must possess a valid certificate of police basic training to be eligible for the waiver. The provisions of General Municipal Law §209-q regarding the validity of police officer basic training certification applies to former police officers seeking appointment as peace officers, regardless of past employment.

SECTION - III: POLICE BASIC TRAINING

Type or print legibly, the name, telephone, complete mailing address of the agency or academy that provided the police basic training course. Include the name of the course director and the dates of the course. Incomplete submissions will not be processed. **A photocopy of the certificate of completion must be attached.**

MAILING INSTRUCTIONS:

Mail completed forms to:

NYS Division of Criminal Justice Services
Office of Public Safety – Records Unit
4 Tower Place, 4th Floor
Albany, NY 12203

QUESTIONS:

If you have any questions regarding this form, call (518) 457-2667 for assistance.

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SECTION I – APPLICANT INFORMATION (To be completed by the chief law enforcement officer)

Applicant Last Name	Applicant First Name	MI	Date of Birth	Social Security Number*	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Employer			Rank or Title		Date of Appointment
<p><i>I hereby certify the above named individual has been appointed as a sworn peace officer with this agency. I have determined that he/she has completed the basic training course required by and while employed by the state, a city, town, village, municipal authority, or police district in the state of New York. Accordingly, I request that the Division of Criminal Justice Services records be adjusted to reflect that this officer has met the basic training requirements for appointment of police officers as set forth in section 2.30 of the Criminal Procedure Law, since this training meets or exceeds Municipal Police Training Council requirements for basic training for peace officers. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.</i></p>					
Signature of Chief Executive Officer					Date

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

SECTION II – PREVIOUS POLICE OFFICER EXPERIENCE

Identify previous police or peace officer employment. If more space is needed, attach a separate sheet.			
Name of Previous Law Enforcement Employer			Telephone
Address		City, State, ZIP	
Rank or Position	Type of Appointment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date of appointment	Date of separation

SECTION III – POLICE BASIC TRAINING

Identify prior police basic training. A copy of the certificate of completion for police basic training issued by the New York State Police, the New York City Police Department or the Municipal Police Training Council must be attached.		
Name of Law Enforcement Agency or Academy		Telephone
Address		City, State, ZIP
Course Director Name	Course start date	Course end date

DCJS USE ONLY

Training Verified By:	Approved By:	Date:	School ID:
Employer Code:	Rank Code:	Course Code: 988	