

STATE OF NEW JERSEY
 DEPARTMENT OF LAW & PUBLIC SAFETY
 DIVISION OF CRIMINAL JUSTICE
POLICE TRAINING COMMISSION
REQUEST FOR WAIVER OF TRAINING

WAIVER CANDIDATE	
NAME:	
SOCIAL SECURITY NO.:	
DATE OF BIRTH:	
DATE OF APPOINTMENT:	
POSITION APPOINTED TO:	
ACADEMY TO BE ENROLLED IN:	

EMPLOYING AGENCY	
AGENCY NAME:	
AGENCY ADDRESS:	
CITY / STATE / ZIP:	
AGENCY COUNTY:	
AGENCY PHONE NO.:	
AGENCY FAX NO.:	

TYPE OF WAIVER REQUESTED

BASIC COURSE FOR POLICE OFFICERS (BCPO)

- SLEOII to BCPO
- BCI to BCPO
- OTHER In-State to BCPO
- NJSP to BCPO
- OUT of State to BCPO
- FEDERAL to BCPO

BASIC COURSE FOR INVESTIGATORS (BCI)

- BCPO to BCI
- BCPO to MBCI
- NJSP to BCI
- NJSP to MBCI
- OUT of State to BCI
- FEDERAL to BCI

BASIC COURSE FOR COUNTY CORRECTIONS OFFICERS (BCCCO)

- BSCO to BCCCO
- JDO to BCCCO

OTHER (please describe):

TRAINING

What is the name of the previous training course for which waiver credit is requested?

Where was the training course completed?

Date(s):

Attach documentation describing the curriculum, if other than a New Jersey PTC course.

PREVIOUS EMPLOYMENT HISTORY - Please include any additional employment information on a separate sheet.

EMPLOYING AGENCY:	
AGENCY ADDRESS:	
POSITION:	
DATES OF EMPLOYMENT:	

EMPLOYING AGENCY:	
AGENCY ADDRESS:	
POSITION:	
DATES OF EMPLOYMENT:	

REQUEST SUBMITTED BY:

Agency Chief / CEO (please print)

E-Mail Address

Signature

Date