STATE OF MISSOURI Department of Public Safety

# Missouri Peace Officer License Application For Veteran Peace Officers

Mail completed application to:

Peace Officer Standards & Training (POST) Program Attention: Licensing Section P.O. Box 749 Jefferson City, MO 65102

### **Contact information:**

Phone: (573) 751-4905 Fax: (573) 751-5399 Email: post@dps.mo.gov Website: <u>www.dps.mo.gov/post</u>



APPLICANT INFORMAT Name (Last, First, Middle)					Social Security Number				
Address					City		State	Zip Code	
Daytime Telephone Number Email addre			\$\$		Date of Birth Age Gender				
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			Indicate total number of hours of peace officer academy basic recruit training:						
	eral or Military Police		Indicate total number of hours of federal or military police academy basic recruit training:						
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2. 3. 4. 5. 6. 7. 8. 9. 10.	Copy of High School D Proof of U.S. Citizensh Completed, signed and Release of Information Letter from each law er Verification of hours of Copy of military police Verification from the st indicated; Verification of hours of indicated; Verification of graduati School or the Southern <b>REMINDER</b> : Review check. #	ip: Birth Certif notarized Mis (enclosed); nforcement age f peace, federal Enlisted Reco tate licensing ef f continuing ed ion from FBI N Police Institute the attached sh	icate, Passport, or N souri Peace Officer ncy listed verifying , or military officer rd Brief/Officer Rec ntity that you are or ucation attended wh fational Academy, N Police Executive I eet for finger printin	laturalization I License Legal employment d academy basic ord Brief, and/ were the holde ile employed a lorthwestern U Development C	Documentation; Questionnaire (end uring dates indicate recruit training as for DD form 214; er of a valid peace of as a peace, federal, fniv. Center for Put ourse if indicated;	closed) and ed; indicated; officer lice or military blic Safety	d Authoriza ense in their 7 police offi Staff and C	tion For state if icer as Command	
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Proc	cessed by:	R	eviewed by:		Approved by	/:			





### **INTRODUCTION:**

The purpose of this questionnaire is to determine your ability to obtain a Missouri Peace Officer License. The POST Program may request that you provide additional information, such as investigative reports and court records, prior to determining their eligibility for licensing. Answering "yes" to either of the following questions does not automatically disqualify you from obtaining a Missouri Peace Officer License. Before signing and submitting this notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program. The POST Program may be contacted at (573) 751-4905.

### APPLICANT'S PRINTED NAME: \_\_\_\_\_

### 1) Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

 $\Box$  YES \*  $\Box$  NO

\*If yes, describe the offense(s) below. If needed, you may attach additional pages.

Date	Charge/Offense	City/County/State	Misd/Felony/Ordinance	Disposition	Arresting Agency	

# 2) Have you ever been fired/terminated, or given the option of resigning in lieu of firing/termination, by a law enforcement agency?

 $\Box$  YES \*  $\Box$  NO

\*If yes, please explain:

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590, RSMo, is a Class B Misdemeanor.

### NOTARY PUBLIC

### \*POST USE ONLY\*

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative:

JEREMIAH W. (JAY) NIXON Governor

> JERRY LEE Director



Truman Building, Room 870 Mailing Address: P.O. Box 749 Jefferson City, MO 65102-0749 Telephone: 573-751-4905 FAX: 573-751-5399 Internet Address: http://www.dps.mo.gov

### STATE OF MISSOURI DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE DIRECTOR

Dear Applicant:

This correspondence is in response to your request to become a licensed peace officer in the state of Missouri. Enclosed you will find the following:

Missouri Peace Officer License Application for Veteran Peace Officers; Missouri Peace Officer License Legal Questionnaire; Authorization for Release of Information.

To determine your eligibility to take the Missouri Peace Officer Licensing Exam (MPOLE), please do the following:

- 1. Review the point schedule on pages 3-4 of the enclosed handbook to determine if you have accrued enough points to take the MPOLE.
- 2. Complete the Peace Officer License Application in its entirety.
- 3. Contact 3M/Cogent at 1-877-862-2425, or via the internet at <u>www.machs.mo.gov</u> to make an appointment to be fingerprinted. You must be finger printed for a State and FBI record check. Your fingerprints will then be submitted to the Missouri State Highway Patrol and the Federal Bureau of Investigation for a criminal history check. There will be a fee for this process. This fee is set by 3M/Cogent. When making your appointment, provide the 3M/Cogent representative with the following registration number: 5991. You must use this registration number so that your finger prints are coded correctly and processed accordingly for licensing purposes.
- 4. Submit the application and all supporting documents to the following address: Missouri Department of Public Safety, POST Program, P.O. Box 749, Jefferson City, MO 65102.

If you have any questions or need further assistance, please contact POST Program Representative Kim Haddix at (573) 751-3409.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_\_\_hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure, and any and all records related to any criminal or internal investigation conducted on me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Applicant or Licensee	Date		
Subscribed and sworn to before me this day of within the	, 20 I am commis	sioned as a notary public	
county of, state of	, and my commission expires on	, 20	

NOTARY PUBLIC