

**LAW ENFORCEMENT EXPLORING TRAINING
CERTIFICATION APPLICATION**

Certification Application for (check appropriate boxes):

Basic Training Advanced Training Specialized Training

Agency or Organization _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Post Advisor or Person Submitting Application _____

Title/Position _____ E-mail _____

Explorer Post Number(s), if applicable: _____

REQUIRED ENDORSEMENTS: The signature of the Primary Training Officer and Chief Executive Officer of the agency or organization listed on this application serves to attest that minimum certification requirements have been met with respect to curriculum, performance evaluation procedures, instructor qualification, and records management.

Primary Training Officer for Agency or Organization

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

Chief Executive Officer for Agency or Organization

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

Local Learning for Life Office Representative

Local representative signature _____

Name (please print) _____ Date _____

Learning for Life headquarter city _____ Office No. _____ Region _____

Note: Complete this application and submit with relevant training curriculum that lists courses and corresponding hours of instruction for each course. Please annotate the applicable subject matter area as listed in the certification requirements if it is not obvious by the title of the course.

**Mail to: National Director
Law Enforcement Exploring
P. O. Box 152079
Irving, TX 75015-2079**