

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:	_____

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AGENCY ADDRESS:	_____
POSITION:	_____
DATES OF EMPLOYMENT:	_____

REQUEST SUBMITTED BY:

 Agency Chief / CEO (please print)

 E-Mail Address

 Signature

 Date