

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

<b>WAIVER CANDIDATE</b>	
NAME:	_____
SOCIAL SECURITY NO.:	_____
DATE OF BIRTH:	_____
DATE OF APPOINTMENT:	_____
POSITION APPOINTED TO:	_____
ACADEMY TO BE ENROLLED IN:	_____

<b>EMPLOYING AGENCY</b>	
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