

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
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 PHONE NUMBER	_____
AGENCY COUNTY:	_____
AGENCY FAX NO.:	_____

**TYPE OF WAIVER REQUESTED
BASIC COURSE FOR POLICE OFFICERS (BCPO)**

- | | |
|---|---|
| <input type="checkbox"/> SLEO II to BCPO | <input type="checkbox"/> BCPO to SLEO II |
| <input type="checkbox"/> BCI to BCPO | <input type="checkbox"/> BCPO to SLEO III |
| <input type="checkbox"/> Other In-State to BCPO | <input type="checkbox"/> BCPO to HLEO Cert. |
| <input type="checkbox"/> NJSP to BCPO | |
| <input type="checkbox"/> Out of State to BCPO | |
| <input type="checkbox"/> Federal to BCPO | |

**TYPE OF WAIVER REQUESTED
BASIC COURSE FOR INVESTIGATORS (BCI)**

- | |
|--|
| <input type="checkbox"/> BCPO to BCI |
| <input type="checkbox"/> BCPO to MBCI |
| <input type="checkbox"/> NJSP to BCI |
| <input type="checkbox"/> NJSP to MBCI |
| <input type="checkbox"/> Out State to BCI |
| <input type="checkbox"/> Federal to BCI |
| <input type="checkbox"/> BCI to HLEO Cert. |

BASIC COURSE FOR COUNTY CORRECTIONS OFFICERS (BCCCO)

- | |
|--|
| <input type="checkbox"/> BCSCPO to BCCCO |
| <input type="checkbox"/> BCJCPO to BCCCO |
| <input type="checkbox"/> 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? _____

Dates: _____

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