

CERTIFICATE APPLICATION

POST 2-116 (Rev 06/2014) – [See Instructions](#)

IMPORTANT NOTE: APPLICATIONS MUST BE COMPLETE AND ACCURATE. FORMS WITH MISSING OR INCOMPLETE INFORMATION WILL NOT BE PROCESSED, AND WILL BE RETURNED. PLEASE REFER TO INSTRUCTIONS FOR ASSISTANCE.

POST USE ONLY

INFORMATION PRIVACY ACT: Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above.

SECTION 1. TYPE OF CERTIFICATE

1. CHECK THE APPLICABLE CODE FOR EACH CERTIFICATE REQUESTED – [SEE CODES](#)

BASIC			INTERMEDIATE			ADVANCED			SUPERVISORY			MANAGEMENT			EXECUTIVE		
<input type="checkbox"/> B	<input type="checkbox"/> SB	<input type="checkbox"/> CB	<input type="checkbox"/> I	<input type="checkbox"/> SI	<input type="checkbox"/> CI	<input type="checkbox"/> A	<input type="checkbox"/> SA	<input type="checkbox"/> CA	<input type="checkbox"/> S	<input type="checkbox"/> SS	<input type="checkbox"/> CS	<input type="checkbox"/> M	<input type="checkbox"/> SM	<input type="checkbox"/> CM	<input type="checkbox"/> E	<input type="checkbox"/> SE	<input type="checkbox"/> CE

SECTION 2. IDENTIFICATION AND CURRENT EMPLOYMENT

2. APPLICANT NAME (LAST, FIRST, MIDDLE)				3. BIRTH DATE	4. CURRENT STATUS PC 830. __	5. POST ID (OR SOCIAL SECURITY NUMBER) SSN:				
6. CURRENT EMPLOYING AGENCY – AND DATE HIRED AS PEACE OFFICER Date:						7. RANK/LEVEL AND DATE APPOINTED Date:				
8. PROBATION PERIOD (12 / 18 / 24 MONTHS) <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24		BOXES 9–14: POST USE ONLY		9. BASIC #	10. HIRE DATE	11. ISSUE DATE		12. TRNG POINTS	13. EVAL	14. REV

SECTION 3. PREVIOUS EMPLOYMENT (as a full-time, paid Peace Officer)

15. FORMER EMPLOYING AGENCY – AND DATES EMPLOYED AS PEACE OFFICER From: To:				16. RANK/LEVEL	17. PRIOR STATUS PC 830. __
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SECTION 4. TRAINING / EDUCATION

NOTE: All training and education statements **MUST** be supported by **NON-RETURNABLE COPIES** of transcripts, degrees, diplomas, or other verifying documents. *Copies of these documents must be included with this application.*

18. ACADEMY / SCHOOL WHERE BASIC TRAINING COURSE WAS COMPLETED				19. TOTAL COURSE HRS	20. DATE COMPLETED	21. TRNG PTS		
22. COLLEGE / UNIVERSITY / VOCATIONAL INSTITUTE				23. FROM/TO (MM/YYYY)	24. TOTAL COMPLETED UNITS		25. DEGREE	26. BTC UNITS
					SEM	QTR	QTR CONVERT	TOTAL

(Press TAB key to calculate units automatically) **TOTAL UNITS:**

SECTION 5. ATTESTATION

27. APPLICANT SIGNATURE I attest that I have read and subscribe to the Law Enforcement Code of Ethics and that all of the information contained in this application is true and correct. Date:		28. DEPARTMENT/AGENCY COORDINATOR Print Full Name: Phone: Fax: Email:	
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29. DEPARTMENT HEAD / AUTHORIZED DESIGNEE SIGNATURE

<input type="checkbox"/> Recommendation to Award Certificate:	<input type="checkbox"/> Basic Certificate The above applicant has satisfactorily completed the training, service, and probationary period required in POST Regulation 1011(a)(6) .	<input type="checkbox"/> Other POST Certificate The above applicant has satisfactorily completed the training, service, and education required in POST Regulation 1011(a)(7) , (8) , (9) , (10) , or (11) .
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Date: Print Name:

CERTIFICATE APPLICATION

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INSTRUCTIONS

[Back to Form](#)

SECTION 1: TYPE OF CERTIFICATE

Box 1. *Check the Applicable Code for Each Certificate Requested:*

BASIC	INTERMEDIATE	ADVANCED	SUPERVISORY	MANAGEMENT	EXECUTIVE
B – Basic	I – Intermediate	A – Advanced	S – Supervisory	M – Management	E – Executive
SB – Specialized Basic	SI – Specialized Intermediate	SA – Specialized Advanced	SS – Specialized Supervisory	SM – Specialized Management	SE – Specialized Executive
CB – Coroners Basic	CI – Coroners Intermediate	CA – Coroners Advanced	CS – Coroners Supervisory	CM – Coroners Management	CE – Coroners Executive

Other Certificate Applications: [2-117](#) Records Supervisor | [2-250](#) Reissuance | [2-256](#) Reserve Peace Officer | [2-289](#) Public Safety Dispatcher

SECTION 2: IDENTIFICATION / CURRENT EMPLOYMENT

- Box 2. *Applicant Name*
- Box 3. *Birth Date*
- Box 4. *Current Status:* Add the Penal Code section number for your currently appointed rank/class (e.g., 830.1, 830.4).
- Box 5. *POST ID (or Social Security Number):* Enter your POST identification code. This unique identifier will be used solely for processing POST records. (You may enter your SSN if you do not have a POST ID.)
- Box 6. *Current Employing Agency – and Date Hired as Peace Officer:* Enter the full name of the agency where you are currently employed and your official appointment or hire date as a full-time, paid peace officer.
- Box 7. *Rank/Level and Date Appointed:* Enter your rank or classification (e.g., Police Officer, Deputy Sheriff, Sergeant, Lieutenant, Captain, Police Chief, etc.) and your appointment or promotion date.
- Box 8. *Probation Period:* Enter the agency's full probation period (12, 18, or 24 months).

SECTION 3: PREVIOUS EMPLOYMENT

- Box 15. *Former Employing Agency – and Dates Employed as Peace Officer:* Enter the full name of the agency where you were formerly employed and the dates of employment as a full-time, paid peace officer.
If employed out-of-state, provide letter documenting hire date and separation date.
If employed as Military Police, provide Form DD-214.
- Box 16. *Rank/Level:* Enter your rank or classification while employed by the former agency (see Box 7).
- Box 17. *Prior Status:* Enter the Penal Code section (e.g., 830.1, 830.4) under which you served as a peace officer.

SECTION 4: TRAINING / EDUCATION

- Box 18. *Academy/School Where Basic Training Course Was Completed:* Enter the full name of the training facility where Basic Training was completed. Enter "BCW" if the Basic Training requirement was met through the Basic Course Waiver process.
- Box 19. *Total Course Hrs:* Enter the total number of hours of Basic Training that you **completed**.
- Box 20. *Date Completed:* Enter the actual date that you completed Basic Training.

NOTE: Boxes 9–14, 21, and 26 are for POST USE ONLY. All other boxes must be filled in. Incomplete forms will NOT be processed.

SECTION 4 continued

Use the TAB KEY to navigate Boxes 22–25.

- Box 22. *College/University/Vocational Institute (REQUIRED EVEN IF FILED WITH EDI):* Enter **full** name of the education institute(s) that you attended. **Documentation must be in the form of copies of official transcripts or diplomas.**
- Box 23. *From/To:* Enter the specific START and END dates of enrollment (**use this format to enter date: MM/YYYY**).

HOW TO ENTER UNITS AUTOMATICALLY:

- Box 24. *Total Completed Units:*
SEMESTER SYSTEM: Enter units completed in the SEM column. (Leave QTR column blank.) Press the TAB key to automatically calculate units in the TOTAL column.
QUARTERLY* SYSTEM: Enter units completed in the QTR column. (Leave SEM column blank.) Press the TAB key to automatically convert the units. The correct value(s) will be entered in the TOTAL column.
Quarterly units **MUST be converted to semester units. One quarter unit = two-thirds semester unit.*

- Box 25. *Degree:* If applicable, enter the type of degree awarded by the college or university.

SECTION 5: ATTESTATION

- Box 27. *Applicant Signature*
- Box 28. *Department/Agency Coordinator:* Enter the name (please print) and contact information of the coordinator for POST.
- Box 29. *Department Head/Authorized Designee Signature:* The department head or designee **must sign and date** the application to recommend awarding the certificate(s), and the **signature name must be clearly printed**.

If a designee is authorized to sign the application, a POST Certificate of Authorization form (POST 2-270) **MUST** be on file with POST. Contact POST at 916 227-4253 for assistance.

NOTE: All support documentation **MUST be submitted with the completed application (Section 4). Submitted items are *non-returnable*. **DO NOT SUBMIT** website transcripts, grade reports, grade cards, or CEUs (Continuing Education Units).**

DO NOT ABBREVIATE AGENCY OR INSTITUTE NAME