

**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. IDENTIFICATION AND CURRENT EMPLOYMENT**

1. APPLICANT NAME (LAST, FIRST, MIDDLE)		2. BIRTH DATE	3. POST ID (OR SOCIAL SECURITY NUMBER)
			SSN:
4. COMPLETE NAME OF LAW ENFORCEMENT AGENCY WHERE CURRENTLY SERVING AS A RECORDS SUPERVISOR AS STATED IN POST REGULATION 1001			
5. CURRENT POSITION/TITLE		6. DATE APPOINTED AS RECORDS SUPERVISOR WITH CURRENT AGENCY	

7. REQUIRED NOTICE OF APPOINTMENT/TERMINATION ([FORM 2-114](#)) FILED WITH POST:  YES  NO

**SECTION 2. TRAINING**

**NOTE:** All training statements **MUST** be supported by a **NON-RETURNABLE COPY** of the Certificate of Completion of Training.  
*These copies must be included with this application.*

8. COURSE(S) ATTENDED	9. AGENCY/SCHOOL WHERE TRAINING WAS COMPLETED	10. HRS COMPLETED	11. DATE COMPLETED
Public Records Act Course			
Records Supervisor Course			

**SECTION 3. ATTESTATION**

12. APPLICANT SIGNATURE  I attest that all of the information contained in this application is true and correct.  Date: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	13. DEPARTMENT/AGENCY COORDINATOR	
	Print Full Name:	
	Phone:	Fax:
14. DEPARTMENT HEAD / AUTHORIZED DESIGNEE SIGNATURE		Email:

**Recommendation to Award Certificate:** The above applicant has satisfactorily completed the training, service, education, and probationary period required for this award in POST Regulation [1011\(d\)\(4\)](#).

▲ Print Department Head/Authorized Designee Name

▲ Print Title

SIGNATURE ►

Date:

**POST USE ONLY**

TYPE	CERTIFICATE NUMBER	ISSUE DATE	TRAINING FACILITY	EVALUATED BY	REVIEWED BY
RS					

Comments:

## CERTIFICATE APPLICATION – RECORDS SUPERVISOR

POST 2-117 (Rev 06/2014)

### INSTRUCTIONS

[Back to Form](#)

---

#### SECTION 1: IDENTIFICATION AND CURRENT EMPLOYMENT

Box 1 *Applicant Name*

Box 2 *Birth Date*

Box 3 *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 4 *Complete Name of Law Enforcement Agency where Currently Serving as a Records Supervisor as stated in POST Regulation 1001*

Box 5 *Current Position/Title* – Enter the applicant’s current position or title (e.g., Records Supervisor).

Box 6 *Date Appointed as Records Supervisor with Current Agency*

Box 7 *Required Notice of Appointment/Termination (Form 2-114) Filed with POST* – Indicate “yes” or “no”.

**NOTE:** Commission [Regulation 1003\(a\)](#) states that eligibility to receive the Records Supervisor Certificate requires that the POST Notice of Appointment/Termination form shall be submitted whenever a person is appointed, promoted, reclassified, or transferred to a records supervisor position, or whenever a certificated records supervisor is terminated from a records supervisor position.

---

#### SECTION 2: TRAINING

Box 8 *Courses Attended* – As noted.

Box 9 *Agency/School Where Training Was Completed* – Enter the full name of the training facility where the course was presented.

Box 10 *Hrs Completed* – Enter the total number of course hours completed by the applicant.

Box 11 *Date Completed* – Enter the actual date the applicant completed the course.

---

#### SECTION 3: ATTESTATION

Box 12 *Applicant Signature*

Box 13 *Department/Agency Coordinator* – Enter the name and contact information of the coordinator for POST (please key online or print legibly).

Box 14 *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.

**NOTE:** If a designee is authorized to sign the application(s), a POST Certificate of Authorization form (Form 2-270) must be on file with POST.

---

#### NEED HELP?

Please go to [www.post.ca.gov](http://www.post.ca.gov) and click on **Forms** or **Training**, or contact POST at 916 227-4253.

[Top of Page](#) | [Back to Form](#)