

## Certification of Training

**This form must accompany each application for apprentice, security or commissioned officer status.  
This also applies to any upgrade in status. See hour requirements below.  
Must be signed by license holder.**

\_\_\_\_\_ will complete the necessary hours of training and complies with the state's  
Name of applicant (Please Print)

requirements for training. I verify that this applicant has \_\_\_\_\_ hours training as is required by statute/rule.  
**(Attach Proof)**

\_\_\_\_\_  
Signature of Registered Training Officer

\_\_\_\_\_  
Signature of License Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

<b>Apprentice</b>	12 hours field service training or 12 hours classroom instruction
<b>Security</b>	1000 hours field service training and 32 hours classroom instruction
<b>Commissioned</b>	4000 hours field service training and 80 hours classroom instruction

***If requesting equivalency hours, complete questions 1-7 below and  
attach necessary documentation of hours, credits, or experience verifying equivalency.***

### Post-Secondary Education and Equivalent Experience

#### Post-Secondary Education

1. Post-Secondary Education: <b>(Attach all Educational Transcripts)</b>		
<input type="checkbox"/> University <input type="checkbox"/> Graduate School <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> Other (Please identify)		
2. Name, City, State, & Zip of Education Institution:	Dates Attended: Beginning: _____ Ending: _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____
3. Name, City, State, & Zip of Additional Educational Institution:	Dates Attended: Beginning: _____ Ending: _____	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____
4. Other Training (Please Specify)	Dates Attended: Beginning: _____ Ending: _____	Credit Received? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach documentation verifying training.

#### Prior Private Security, Private Investigative or Law Enforcement Experience

5. Agency: (City/State/Zip)	Dates:	Position:	Hours Worked: <b style="color: red;">Attach verification from prior employer.</b>
6. Agency: (City/State/Zip)	Dates:	Position:	Hours Worked <b style="color: red;">Attach verification from prior employer.</b>

#### Military/Federal Service

7. Branch: (Last Station, City, State, Zip)	Dates:	Highest Rank:	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Attach Discharge Papers</b>
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