



APPLICATION FOR EXEMPTION FROM VIRGINIA COMPULSORY MINIMUM TRAINING STANDARDS Section 9.1-116, Code of Virginia (1950), as amended

Submit within 30 days of employment to: Department of Criminal Justice Services, 1100 Bank Street, 12th Floor, Richmond, VA 23219

NOTE: Employing Agency and Applicants must complete Parts A, B, D, E, F on both sides of this application

A. IDENTIFICATION

Form section A containing fields for Applicant's Name, Social Security Number, Title or Rank, Date of Birth, Employment Date, and Employing Department.

B. TYPE OF EXEMPTION (Please check one)

- Checkboxes for Law Enforcement Officer, Court Security/Process Server, Corrections Officer, Dispatcher, Jailer or Custodial Officer.

COMPLETE SECTIONS D, E, F ON PAGE 2

C. DCJS ACTION (DCJS Use Only)

1. Approved Upon Conditions:

Exemption approved upon completion of:

- Options, Options to be completed by, Field training/On-the-job training required, Certification Examination required, Notification of compliance submitted to this office by.

2. Exemption Not Approved:

Reason(s):

Date DCJS Authorized Signature Title

D. FORMER EMPLOYMENT

List all previous employment as a criminal justice officer/dispatcher starting with the most recent.

EMPLOYER	BEGIN DATE	END DATE	POSITION
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

E. TRAINING

Please list all criminal justice basic (**ENTRY-LEVEL**) courses completed

NAME OF BASIC COURSE	COMPLETION DATE	ACADEMY ATTENDED
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

F. CERTIFICATION

I certify that the preceding statements are true and correct

/ /

Date

Signature of Applicant

I certify that the above statements are correct to the best of my knowledge. Based upon a thorough background investigation, I have determined that this individual has demonstrated sensitivity to cultural diversity issues during previous employment. This individual meets the standards set forth in §9.1-116 of the Code of Virginia. I request an exemption for the compulsory minimum training as designated for the above named employee. Yes No

A Form 21 or Form 31, as applicable, has been previously submitted or is attached. Yes No

/ /

Date

Signature of Agency Administrator

Name of contact person:

E-mail address:

Phone No. - -

FAX No. - -

G. VERIFICATION (DCJS Use Only)

Employment and training status verified:

Staff initials and date

Training: DCJS Records

Out of State:

Name

Logged out and mailed:

Staff initials and date