



Specific Level III Authority Application Form

<i>Last Name:</i> _____	<i>First Name:</i> _____	<i>MI:</i> _____	<i>DOB:</i> _____
<i>Last 4 Digits of SS#:</i> _____		<i>Part-time Certification Date:</i> _____	
<i>Agency:</i> _____			

- The applicant has a defined and documented expertise and experience in a particular category of offenses, i.e., drug enforcement, sexual assaults, etc.
- This expertise and experience must have been in existence prior to July 1, 2015.
- There is a clearly defined departmental need for the expansion to enable assignment to a specialized duty position.
- Officer's résumé is attached.

Specific Authority Requested

Title	Chapter	Subsection	

(If more space is needed, please attach a second form)

Head of Agency Certification

I, undersigned, declare upon oath and under penalty of perjury that I am the Agency Authority of the person listed above and I further declare that the person listed has complied with all marked criteria for the requested expansion.

ATTEST: _____
Agency Head Signature, Title *Date*

Subscribed and sworn before me this _____ day of _____, _____ in the city of _____, county of _____, State of Vermont, in the United States of America.

Notary Public *Commission Expires*

Staff Use Only	
Approved: _____	Date: _____
Denied: _____	Date: _____

Send completed form to the Academy's Administrative Services Coordinator by:
 Fax: (802) 483-2343 **or** Mail: VT Police Academy, 317 Academy Road, Pittsford, VT 05763 **or** Email: Gail.Williams@vermont.gov