



# Waiver Request

Last Name:	First Name:	MI:	DOB:
Last 4 SS#:	Agency:		

### Rule 7a & 8a (Basic Training Standards for Level I & II Officers)

Reason for Request:

Certification Date:

### Out of State Certification—Rule 9 (Basic Training Standards for Level III Officers)

**Out of State Certification:** (Must have passed the Vermont Police Academy Written Entrance Test to apply)

State currently certified in:	Date of Certification:
Contact Information at out-of-state academy:	
Other states previously certified in:	

*This form must be accompanied by a signed waiver release and a letter indicating successful completion of Field Training and Probationary period at out of state law enforcement agency.*

### Rule 13 (Annual Mandatory In-Service Training)

Reason for Request:  Medical  FMLA  Military  Administrative  Other    Date Leave Began:

Explain:

### Canine Standards—Waiver for Handler and/or Canine

Reason for Request:  Handler: Medical Date leave began: \_\_\_\_\_  
 Canine: Medical Date leave began: \_\_\_\_\_  
 Other    Explain:

### Rule 12 (Re-certification)

Date Employment Separation began: \_\_\_\_\_ Date of return: \_\_\_\_\_

### To be filled in by Agency Head or Designee

Name:	Date:
Title:	

### VCJTC Staff Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected    By:	Date:
Approved Time Frame for Completion:	
Date Vermont entrance exam was taken:	