**AGENCY NAME:**

**AGENCY HEAD:**

**EMAIL:**

**TO:**

Vermont Criminal Justice Training Council

317 Academy Road

Pittsford, VT 05763

DATE:

**AFFIDAVIT OF RULE 13 COMPLIANCE**

I, undersigned, declare upon oath and under penalty of perjury, I am the Agency Authority of the person(s) listed below. I further declare the person(s) listed below has/have complied with Rule 13 of the Vermont Criminal Justice Training Council Rule and Regulations unless otherwise noted on final page.

**For the period of January 1, 2021, through December 31, 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME**  (Alphabetical by last name) | **LAST 4 DIGITS OF SSN** | **TOTAL HOURS OF TRAINING**  **Academy and Agency hours** | **Check the boxes for each of the following mandatory trainings**  **the officer has complied with.**  (Firearms qualifications, CEW training, and UOF training must administered by VCJTC certified instructors) |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
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|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
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|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |
|  |  |  | Firearms  First Aid  FIP  UOF  CEW if applicable |

**Notes for Specific Officers:**

☐ I further declare this training includes any Council or Legislatively mandated training, and there is documentation for these reported training hours at our agency.

**This agency has adopted, and continues to maintain:**

☐ Fair & Impartial Policing policy which includes the essential components as identified by statute, Title 20 VSA 2366.

☐ Conducted Electrical Weapon policy that includes the essential components as identified by the Law Enforcement Advisory Board, if applicable.

☐ Body Worn Camera policy that includes the essential components as identified by the Law Enforcement Advisory Board, if applicable.

☐ Internal Affairs Policy which includes the essential components required by statue, Title 20 VSA 2404(a).

☐ Use of Force Policy adopted pursuant to Executive Order 03-20.

Sincerely,

     

*Agency Head’s Signature* Printed Name Date

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

Notary Public Commission Expires