



Vermont Criminal Justice Council Out of Jurisdiction Registration Form OOJ Waiver

This application initiates the Out of Jurisdiction process at the Vermont Police Academy. Please submit the required course and employment documentation within 30 days of submission of this application.

Candidate Name: (Last, First, M.I.)

DOB:

Last 4 Digits of SSN:

Contact Email:

Home Address:

Contact Number: (H)(C)(W)

Sponsoring Agency:

Agency Contact:

Agency Phone Number:

(Qualifying) Duty Weapon Make/Model and caliber of Duty Ammunition:

Entry standards are established per Vermont Criminal Justice Council Rules. All Categories below must be checked, indicating documentation has been verified and is available for review.

By signing below, I confirm that the above named applicant has:

Attained a high school diploma, GED or higher

Completed the Vermont Police Academy's Entrance Exam and received a passing score, as determined by the Council, within the last five years

Completed a psychological assessment or Inventory within the last five years and, in the reasonable opinion of the agency head, is presently emotionally suited for law enforcement work.

Date of last polygraph**: _____/_____/_____

***If a polygraph has never been conducted, one must be completed by the hiring agency. If a polygraph has been taken previously input the date that was taken.*

AGENCY HEAD AUTHORIZATION

Signature of Agency Head or Designee

Title

Date

VCJC Staff Use Only:

Written Examination Date: _____ Score: _____ Initial: _____