**AGENCY NAME:**

**AGENCY HEAD:**

**EMAIL:**

**TO:**

Vermont Criminal Justice Council

317 Academy Road

Pittsford, VT 05763

DATE:

**AFFIDAVIT OF RULE 20 COMPLIANCE**

I, the 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 Annual Training Requirements of the Vermont Criminal Justice Council Rule and Regulations unless otherwise noted on the final page. If any training for an officer is not completed a waiver must be submitted to extend certification until training can be completed. Submit this form by March 1, 2025.

**For the period of January 1, 2024 through December 31, 2024**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAME**(Alphabetical by last name) | **Last 4 Digits of SSN** | **Academy Hours** | **Agency Hours** | **TOTAL TRAINING HOURS** | **Check the boxes for each of the following mandatory training** **the officer has complied with.**(Firearms qualifications, CEW training, and UOF training must be administered by VCJC-certified instructors) |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
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|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
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|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
| NEW SECTION: TO BE COMPLETED FOR OFFICERS THAT HAVE LEFT THE AGENCY WITHIN THE CALENDAR YEAR |
| **FULL NAME**(Alphabetical by last name) | **Last 4 Digits of SSN** | **Academy Hours** | **Agency Hours** | **TOTAL TRAINING HOURS** | **Check the boxes for each of the following mandatory training the former officer complied with.**  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAME**(Alphabetical by last name) | **Last 4 Digits of SSN** | **Academy Hours** | **Agency Hours** | **TOTAL TRAINING HOURS** | **Check the boxes for each of the following mandatory training** **the officer has complied with.**(Firearms qualifications, CEW training, and UOF training must be administered by VCJC-certified instructors) |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
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|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |
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|       |       |       |       |       | Firearms  [ ]  First Aid [ ]  DV  [ ]  UOF [ ]  Carries CEW [ ]  CEW Training (if carrying)  |

**Notes for Specific Officers:** *Note any officers that did not complete training due to medical leave, military leave, FMLA that you have submitted a waiver for.*

☐ I declare this training includes any Council or Legislatively mandated training, and there is documentation for these reported training hours available at the request of the Council.

☐ I further declare our agency has submitted all CEW Incident reports including displays and deployments. *If these have not been submitted, include them with this Rule 20 submission.*

☐ I further declare that our agency is in compliance with statutorily mandated Race Data Collection (Title 20 VSA 2366)

**Each agency is required to submit a copy of each of the policies listed below with their annual training submission.**

**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. (Title 20 VSA 2367)

☐ Body Worn Camera policy that includes the essential components as identified by the Law Enforcement Advisory Board, if applicable. (Title 20 VSA 2369)

☐ Internal Affairs Policy which includes the essential components required by statute, Title 20 VSA 2402.

☐ LEAB Statewide Policy on Domestic Violence Involving Law Enforcement as required by statute, Act 74.

☐ Use of Force Policy as required by Executive Order 2022.

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