



Vermont Criminal Justice Council Transfer of Certification Request

Section One (Complete section one before continuing to section two)

Last Name:	First Name:	MI:	DOB:
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Last 4 SS#:	Agency:
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Level of Certification:

This form must be used for agencies looking to hire a law enforcement professional that is transferring their certification within Vermont or from laterally, transferring from another state, or need training extensions outside of mandated requirements. Below please select which waiver you are requesting.

- Vermont Lateral Transfers** - Request for VT lateral transfer from one agency to another (see 1 below)
 Out of Jurisdiction Transfers - Request for Out of Jurisdiction transfers (see 2 below)

Reason for Request: Medical FMLA Military Administrative Other—Please explain:

Section Two (Complete the instructions below for your relevant waiver request)

1. Vermont Lateral Transfer Waiver Request:

Any training that was completed within the last calendar year of employment must be attached to this request. If the law enforcement professional worked any day within a calendar year an *annual in-service* waiver request needs to be submitted.

Level of Certification:	Previous Employer:
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Date of separation from the previous employer:

Before hiring I contacted prior law enforcement agencies for background information (20 V.S.A. § 2362a)

2. Out of Jurisdiction Certification Transfer: Must have passed the VPA Written Entrance Test to apply)

State Currently certified in:	Date of Certification:
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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.

Before hiring I contacted prior law enforcement agencies for background information (20 V.S.A. § 2362a)



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VCJC Staff Use

Approved Rejected By:

Course Prescription:

Course Name	Hours	Location	Date Completed

To be filled in by Agency Head or Designee

By signing this form you attest that all training requirements stated above have fulfilled the requirements of any training waiver.

Name: _____ Date: _____

Title: _____

Signature _____