



# Waiver Request

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

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

Name:	Date:
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Title:

## VCJTC Staff Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected By:	Date:
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Approved Time Frame for Completion:

Date Vermont entrance exam was taken: