STATE OF MISSOURI Department of Public Safety

Missouri Peace Officer License Application For Law Enforcement/Military Police Officers

Mail completed application to:

Peace Officer Standards & Training (POST) Program Attention: Licensing Section P.O. Box 749 Jefferson City, MO 65102

Contact information:

Phone: (573) 751-3409 Fax: (573) 751-5399

Email: post@dps.mo.gov

Website: https://dps.mo.gov/post



Missouri Peace Officer License Application For Law Enforcement/Military Police Officers Please type or print legibly. Rev 09.11.2020



APPLICANT INFORMATION								
Name (Last, First, Middle)		Social Security Number						
Address		City State Zip Code			Zip Code			
Address				City		State	Zip Code	
	1				_			
Daytime Telephone Number	Emai	l address		Date of Birth	Age	Gender		
()						☐ Male	☐ Female	
	LAV	W ENFORCEMENT	EMPLOYME	NT HISTORY				
AGENCY		ADDRESS (city	, state, zip)	FROM (mm/c	dd/yyyy)	TO (m	m/dd/yyyy)	
PEACE	OFFIC	CER LICENSE (CER'	TIFICATION	TRAINING H	STORV			
Have you ever applied for admi						raining ce	nter and the	
enforcement academy?			If yes, please indicate the name of the training center and the state in which it was located:					
. 🗆	Yes	☐ No	Total hours of basic law enforcement training:					
Have you ever held a Peace Off	icer Li	cense/Certification	If yes, in what state were you licensed/certified?					
in another state?			DOCTOR II					
Yes No			POST ID# or License # Indicate total number of hours of federal or military police					
Federal or Military Police			academy basic recruit training:					
Graduate of:			deadenry but	se recruit training	ɔ <u>'</u>			
☐ FBI National Academy ☐ NW Staff and Command School ☐ SPI Police Executive Development Course								
		ATTESTATION						
I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued								
pursuant to Chapter 590 RSMo	, is a Cl	ass B Misdemeanor.						
Signature of Applicant			Date					
IN ADDITION TO THE INFO	ORMA'				TION M	UST BE I	NCLUDED	
		WITH THE	APPLICATIO	DΝ				
1. Copy of your High Schoo				C CII.C	1.	TC	1 1	
Copy of your Birth Certif changed, include marriage					citizenship	o. If your na	ime has been	
3. Photocopy of current state			ar name change	documentation,				
4. Completed, signed and no	4. Completed, signed and notarized Missouri Peace Officer License Legal Questionnaire and Authorization For Release of							
Information;								
A letter from each law enforcement agency listed verifying either full-time or reserve/part-time employment during dates indicated;								
6. Copy of your basic law enforcement training certificate;								
7. Copy of your military police Enlisted Record Brief/Officer Record Brief, and/or DD Form 214;								
Verification from the state indicated;	e iicensi	ng entity that you are of	were the holde	er of a valid peace of	officer lice	nse in their	state 11	
9. Verification of hours of co	9. Verification of hours of continuing education attended while employed as a peace, federal, or military police officer as							
· ·	indicated; and 10. Verification of graduation from FBI National Academy, Northwestern Univ. Center for Public Safety Staff and Command							
School or the Southern Police Institute Police Executive Development Course if indicated.								
REMINDER : Review the attached sheet for finger printing instructions. You must complete a State and FBI background check.								
Processed by:	R	eviewed by:	A _l	pproved by:		IAD		



Missouri Peace Officer License Legal Questionnaire

Law Enforcement/Military Police Officer Applicants Please type or print legibly. Rev. 09.11.2020



INTRODUCTION:

The purpose of this questionnaire is to determine your ability to obtain a Missouri Peace Officer License. The POST Program may request that you provide additional information, such as investigative reports and court records, prior to determining your eligibility for licensing. Answering "yes" to either of the following questions does not automatically disqualify you from obtaining a Missouri Peace Officer License. Before signing and submitting this notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program by calling (573) 751-3409.

APPLICANT'S PRINTED NAME:

1) Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)								
□ YE	ES * □ NO							
*If yes, de	escribe the offense(s) belo	ow. If needed, you may	attach additional pages.					
Date	Charge/Offense	City/County/State	Misd/Felony/Ordinance	Disposition	Arresting Agency			
					J			
2) Have you ever been fired/terminated, or given the option of resigning in lieu of firing/termination, by a law enforcement agency?								
□ YES * □ NO								
If yes, please explain:								
lt yes, pleas	se explain:							
If yes, pleas	se explain:							
I am awar		fact to be misrepresented	I for the purpose of obtaining a					
I am awar Chapter 5	re that causing a material	fact to be misrepresented						
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Instructions for Law Enforcement/Military Police Officer License Application

Rev. 09.11.2020

To determine your eligibility to take the Missouri Peace Officer Licensing Exam (MPOLE), please review the point assessment on pages 3-4 of the Missouri Peace Officer Licensing Handbook to determine if you have accrued enough points to apply.

Complete the Missouri Peace Officer License Application for Veteran Peace Officers in its entirety.

Please mail the application and all supporting documents to:

Missouri Peace Officer Standards & Training (POST) Program Attention: Licensing Section P.O. Box 749 Jefferson City, MO 65102

In addition to submitting these forms, you will need to contact IDEMIA at (844)543-9712, or via the internet at https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html to make an appointment to be fingerprinted.

Your fingerprints will then be submitted to the Missouri State Highway Patrol and the Federal Bureau of Investigation for a criminal history check. There will be a fee for this process. This fee is set by IDEMIA. When making your appointment, provide the IDEMIA representative with the following registration number: **5991.** You must use this registration number so that your fingerprints are coded correctly and processed accordingly for licensing purposes.

If you have any questions or need further assistance, please contact POST Program Licensing Supervisor Cheryl Parris at (573) 526-2764.

AUTHORIZATION FOR RELEASE OF INFORMATION

Rev. 06.28.2018

I, hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certi or licensure; any and all records related to any criminal or internal investigation conducted on me; and all pre-employment application or employment records pertaining to me, to the Missouri Department of Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace license.							
A copy of this authorization will be considered as	s effective and valid as the original and shall not expire.						
Signature of Applicant or Licensee	Date						
Subscribed and sworn to before me this day of _	, 20 I am commissioned as a notary public						
within the county of, state of	, and my commission expires on,						
20							
	NOTARY PUBLIC						