Montana Public Safety Officer Standards & Training Council

CJIN POST CERTIFICATION FORM

Name:			POST ID#:
Last	First	MI	
Maiden Name:	DOB	Department:	
Department Mailing Address:			
Title/Rank:			Phone:
Department Chief/Sheriff/Administrator:			How Long Employed:

Please Check **ALL** Applicable Boxes

Sworn ☐	Unsworn ☐	Reserve ☐	Civilian ☐	Communication ☐	Detention ☐
Coroner ☐	Probation & Parole ☐	Corrections ☐	Animal Control ☐	Federal ☐	Out-of-State ☐

Applying For:

- ☐ 32 hrs CJIN Full Entry Access Certification
- ☐ 24 hrs CJIN Limited Entry Access Certification
- ☐ 8 hrs CJIN Full Inquiry Access Certification
- ☐ 6 hrs CJIN Detention Officer Access Certification
- ☐ 8 hrs CJIN Mobile Access Certification Course
- ☐ 8 hrs CJIN Criminal History Access Certification
- ☐ 8 hrs CJIN Terminal Agency Coordinator Full Access Certification
- ☐ 6 hrs CJIN Terminal Agency Coordinator Inquiry Access Certification
- ☐ 8 hrs CJIN Entry Recertification
- ☐ 2 hrs CJIN Inquiry, Detention, or Mobile Recertification
- ☐ 2 hrs CJIN Criminal History Recertification

Date: _____ Applicant Signature: _____

Mail completed application to CJIN Services, PO Box 201406, Helena, MT 59620 or e-mail it to jviets@mt.gov.

I certify that the applicant named above has completed the above training and should receive____ total hours of POST Credit.

_____ Date: _____

CJIN Services Signature

CJIN POST Certification Form Instructions

This form must be filled out in its entirety.

Mail the completed form to CJIN Services for certification signature at:

CJIN Services
PO Box 201406
Helena, MT 59620

OR

E-mail the form to Jennifer Viets at jviets@mt.gov.