

STATE OF NEW JERSEY  
 DEPARTMENT OF LAW & PUBLIC SAFETY  
 DIVISION OF CRIMINAL JUSTICE  
 POLICE TRAINING COMMISSION  
 REQUEST FOR WAIVER OF TRAINING

WAIVER CANDIDATE NAME:	_____
SOCIAL SECURITY NO.:	_____
DATE OF BIRTH:	_____
DATE OF APPOINTMENT:	_____
POSITION APPOINTED TO:	_____
ACADEMY TO BE ENROLLED IN:	_____

EMPLOYING AGENCY	
AGENCY NAME:	_____
AGENCY ADDRESS:	_____
CITY / STATE / ZIP	_____
AGENCY PHONE NUMBER	_____
AGENCY COUNTY:	_____
AGENCY FAX NO.:	_____

**TYPE OF WAIVER REQUESTED  
 BASIC COURSE FOR POLICE OFFICERS (BCPO)**

- |   |   |
|---|---|
| <input type="checkbox"/> SLEO II to BCPO        | <input type="checkbox"/> BCPO to SLEO II    |
| <input type="checkbox"/> BCI to BCPO            | <input type="checkbox"/> BCPO to SLEO III   |
| <input type="checkbox"/> Other In-State to BCPO | <input type="checkbox"/> BCPO to HLEO Cert. |
| <input type="checkbox"/> NJSP to BCPO           |   |
| <input type="checkbox"/> Out of State to BCPO   |   |
| <input type="checkbox"/> Federal to BCPO        |   |

**TYPE OF WAIVER REQUESTED  
 BASIC COURSE FOR INVESTIGATORS (BCI)**

- |  |
|--|
| <input type="checkbox"/> BCPO to BCI       |
| <input type="checkbox"/> BCPO to MBCI      |
| <input type="checkbox"/> NJSP to BCI       |
| <input type="checkbox"/> NJSP to MBCI      |
| <input type="checkbox"/> Out State to BCI  |
| <input type="checkbox"/> Federal to BCI    |
| <input type="checkbox"/> BCI to HLEO Cert. |

**BASIC COURSE FOR COUNTY CORRECTIONS OFFICERS (BCCCO)**

- |  |
|--|
| <input type="checkbox"/> BSCO to BCCCO                 |
| <input type="checkbox"/> JCO to BCCCO                  |
| <input type="checkbox"/> OTHER (please describe) _____ |

**TRAINING**

What is the name of the previous training course for which waiver credit is requested? \_\_\_\_\_

Where was the training course completed? \_\_\_\_\_

Dates: \_\_\_\_\_

Attach documentation describing the curriculum, if other than a New Jersey PTC course.

PREVIOUS EMPLOYMENT HISTORY - Please include any additional employment information on a separate sheet.

EMPLOYING AGENCY:	_____
AGENCY ADDRESS:	_____
POSITION:	_____
DATES OF EMPLOYMENT:	_____

EMPLOYING AGENCY:	_____
AGENCY ADDRESS:	_____
POSITION:	_____
DATES OF EMPLOYMENT:	_____

**REQUEST SUBMITTED BY:**

\_\_\_\_\_  
 Agency Chief / CEO (please print)

\_\_\_\_\_  
 E-Mail Address

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date