

**REQUEST FOR REISSUANCE OF POST CERTIFICATE**

POST 2-250 (10/08-Rev 10/2010)

**SECTION 1. REQUESTOR INFORMATION**

Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the POST Information Services Bureau for instructions on requesting records.

1. NAME (LAST, FIRST, MI)		2. POST-ID 3. SSN MAY ALSO BE PROVIDED (OR SOCIAL SECURITY NUMBER)	
		SSN: _____	
43. AGENCY NAME (IF CURRENTLY EMPLOYED)		54. AGENCY CONTACT NAME	65. AGENCY PHONE NUMBER ( )
76. END DATE IF NO LONGER WITH AGENCY	87. COMPLETE MAILING ADDRESS (STREET / PO BOX / CITY)		ZIP
98. REQUESTOR PHONE NUMBER 10. REQUESTOR FAX NUMBER 11. REQUESTOR EMAIL ADDRESS CONTACT INFORMATION			
Phone: ( )		Fax: ( )	
		Email: _____	
129. ORIGINAL CERTIFICATE WAS:		1310. REQUESTOR ATTESTATION – CHECK ONE ONLY	
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Other ( <u>briefly explain</u> ): _____		<input type="checkbox"/> I request that my certificate(s) be reissued. I understand that my original certificate is VOID upon replacement. If my original certificate is recovered, I understand that I am obligated to forward it to the Commission on Peace Officer Standards and Training.  <input type="checkbox"/> I request that my Management /or Executive Certificate ONLY – I have changed my employment jurisdiction and request that a new certificate be reissued bearing the name of the new jurisdiction. I understand that I am entitled to keep my previously issued Management or Executive Certificate my current employing agency.	
		REQUESTOR SIGNATURE: _____	
		Date: _____	

**SECTION 2. CERTIFICATE REQUESTED**

4411.	<b>GENERAL</b>	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Management	<input type="checkbox"/> Executive
4512.	<b>SPECIALIZED</b>	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Management	<input type="checkbox"/> Executive
4613.	<b>CORONER</b>	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Management	<input type="checkbox"/> Executive
4714.	<b>OTHER</b>	<input type="checkbox"/> Reserve Officer	<input type="checkbox"/> Public Safety Dispatcher	<input type="checkbox"/> Records Supervisor			

**SECTION 3. POST USE ONLY**

CERTIFICATE	ORIGINAL CERTIFICATE		REISSUED CERTIFICATE	
	OLD NUMBER	DATE ISSUED	NEW NUMBER	DATE ISSUED
<b>Basic</b>	GENERAL	B –	B –	
	SPECIALIZED	S –	S –	
	CORONER	CB –	CB –	
<b>Intermediate</b>	GENERAL	I –	I –	
	SPECIALIZED	SI –	SI –	
	CORONER	CI –	CI –	
<b>Advanced</b>	GENERAL	A –	A –	
	SPECIALIZED	SA –	SA –	
	CORONER	CA –	CA –	
<b>Supervisory</b>	GENERAL	S –	S –	See next page for continuation of text
	SPECIALIZED	SS –	SS –	
	CORONER	CS –	CS –	
<b>Management</b>	GENERAL	M –	M –	
	SPECIALIZED	SM –	SM –	
	CORONER	CM –	CM –	

<b>Executive</b>	GENERAL	E –		E –	
	SPECIALIZED	SE –		SE –	
	CORONER	CE –		CE –	
RESERVE OFFICER		R –		R –	
PUB SAFETY DISPATCHER		D –		D –	
RECORDS SUPERVISOR		RS –		RS –	

CERTIFICATE REISSUED BY



Date:

Reviewed by: