State of California – Department of Justice
Electronic Data Interchange (EDI)
PRESENTER ACCESS APPLICATION
POST 3-102 (10/2025)

Commission on
Peace Officer Standards and Training (POST)
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630 • 916 227-3909
EDI@post.ca.gov

PRIVACY 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 or all of the requested information may delay processing, 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 or emailed to *cpra@post.ca.gov*.

INSTRUCTIONS

- Complete all applicable sections of this application to: 1) request access for a new account, or 2) modify or deactivate an existing account.
- A POST ID is required for EDI access. If you do not have one, please email or call *EDI technical support* (EDI@post.ca.gov or 916-227-4357).
- **Email or FAX this form to *EDI@post.ca.gov* or (916) 227-5271.**
- After your application has been approved, POST will notify you by email to complete the process.

SECTION 1. APPLICANT INFORMATION

1. APPLICANT NAME (LAST, FIRST, MI)	2. POST ID (REQUIRED)

3. APPLICANT BUSINESS CONTACT NUMBER	4. APPLICANT JOB TITLE
( ) Ext	

5. DEPARTMENT / TRAINING INSTITUTE / PRESENTER *(AS LISTED IN THE POST-CERTIFIED COURSE CATALOG)*	6. PRESENTER CODE (4 DIGITS)

7. MAILING ADDRESS

Street/POB City State Zip

8. BUSINESS EMAIL

SECTION 2. ACCESS REQUESTED

9. SELECT ONE OF THE FOLLOWING

☐ New access – *complete ALL Sections* ☐ Modify applicant's current access – *complete ALL Sections.*
☐ Deactivate access – *complete Sections 1 and 4.*

10. SELECT FUNCTION AND TYPE OF ACCESS FOR NEW ACCOUNT OR TO CHANGE EXISTING ACCOUNT

☐ Course Certification (includes Course Summary Reports and Rosters) – ***select one:*** ☐ Read Only ☐ Read & Write ☐ Read/Write/Submit to POST

☐ Academy Instructor Certification Program (AICP) – for Academies ONLY: ☐ Read & Write

SECTION 3. APPLICANT ATTESTATION

11. I AGREE TO THE FOLLOWING CONDITIONS WHEN ACCESSING THE POST EDI SYSTEM

- *I understand that the EDI system, and the information contained therein, is for official use only, and that I am entering a secured site that contains personal and confidential data which is protected by provisions of the California Civil and Penal Codes.*
- *I understand that all system activity is monitored and all transactions are logged. By using this system, I expressly consent to the monitoring of my activity, and I understand that if the monitoring reveals possible evidence of criminal activity, legal action will be taken.*
- *I understand that if I participate in unauthorized access or misuse of data in any way, I am subject to State of California and/or federal prosecution and termination of my access privileges.*
- *I understand that my access privileges will be modified or removed if my employment status or duties change.*

12. APPLICANT SIGNATURE

► Date

SECTION 4. EXECUTIVE APPROVAL OR AUTHORIZED DESIGNEE

13. MY SIGNATURE CONFIRMS THE FOLLOWING:

- *I agree that above-named applicant has permission to access the POST EDI system on behalf of this agency according to the privileges indicated above.*
- ***I agree to notify POST whenever the above individual's access needs to be modified or deactivated.***

14. PRINT AUTHORIZED NAME	15. JOB TITLE	16. BUSINESS EMAIL

17. AUTHORIZED SIGNATURE

► Date