



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR APPLICATION FOR RE-CERTIFICATION

READ THE INSTRUCTIONS ON PAGE 2

Name: _____ Last Four of SSN: _____

Give Full Name - First Middle Last

Date of Hire: ____ / ____ / ____ Date of Birth: ____ / ____ / ____ Title/ Rank: _____

Department: _____ Telephone: _____

Dept.'s

Address: _____

Post Office Box or Street

City & Zip Code

Type of certification requested: ____ Law Enforcement ____ Fire ____ EMS Certificate No. _____

APPLICANT'S BACKGROUND INVESTIGATION REVIEW

Any of the following questions that are answered "yes" must be explained. Type or print the explanation in ink on a separate 8½" x 11" sheet of paper, it must be signed and dated by the applicant and include all related court documents.

Circle One

1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment? Yes No
2. Has a judgement ever been issued against you? Yes No
3. Have you ever been arrested or charged with a crime? Yes No
4. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, nonadjudication of guilt or have you ever had an expungement? Yes No
5. Have you ever been found guilty or pled guilty or no contest to a crime? Yes No
6. Have you ever been refused a surety bond or turned down for employment that required a surety bond? Yes No
7. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities? Yes No
8. Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws? Yes No

I, the undersigned applicant, do hereby swear and affirm that I have read and do hereby confirm that all of the information contained in this application is correct, and that all other information furnished in conjunction with this application is true and correct.

Witness my signature this, the ____ day of _____, 20__.

Applicant's Signature

Agency Head's or Authorized Signee's Signature/Date

NOTARY PUBLIC

I, the undersigned authority in and for _____ County and State, do hereby attest that the above individuals did personally appear before me. Who being by me first duly sworn on oath, depose and state that they personally signed the foregoing "Application for Re-certification".

GIVEN under my hand and official seal this, the ____ day of _____, 20__.

Notary Public _____

INSTRUCTIONS

Warning: MCA § 97-7-10 Fraudulent Statements and Representations - provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to \$10,000.00 and a jail sentence of up to 5 years. Further, the BETST Board is authorized in § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

Complete this form for each emergency telecommunicator/dispatcher applying for re-certification and return it to the Board of Emergency Telecommunications Standards and Training (BETST) at the address below.

MCA § 19-5-303 (m) - "Telecommunicator" shall mean any person engaged in or employed as a telecommunications operator by any public safety, fire, or emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire, emergency medical agencies or the dispatching of emergency services provided by public safety, fire, emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.

Type or print in ink when completing this form. Record the applicant's full name, last four of social security number, date of hire as a telecommunicator/dispatcher, date of birth, current position or rank, the name of the employing department, the department's telephone number and the mailing address. Check the type(s) of certification being requested (i.e. - law enforcement, fire or emergency medical services certification). Enter the applicant's BETST Certificate number.

The "Applicant's Background Investigation Review" portion of this form must be completed by the applicant. Applicants are expected to be truthful and forthcoming in completing the "background investigation review". **Circle** the answer that applies.

A "yes" answer to any of these questions does not automatically bar anyone from obtaining re-certification. The Board may take into consideration all factors in making the decision whether to grant re-certification. Any of the questions, one (1) through eight (8) of the "Applicant's Background Investigation Review" that are answered "yes" must be explained to the Board. **The explanation must be typed or printed in ink on a separate 8.5 inch by 11 inch sheet of paper, signed and dated by the applicant and include all related court documents.**

NOTE: If the "yes" answer pertains to an incident that occurred after initial certification or has yet to be reported to the Board, then an explanation must be provided.

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses, excluding alcohol and drug related offenses, where the fine is less than one hundred dollars (\$100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. **All traffic offenses involving drugs or alcohol are to be reported regardless of the fine.** Any alternative to sentencing must be reported where any type of punishment was handed down by any political subdivision including, but not limited to: probation, fines, restitution, or community service.

The applicant and the department head/authorized signee must sign and date the "Application for Re-certification" form before a notary public. **If someone other than the department head signs this form then there must be a letter on file, at this office, stating specifically who has the authority to do so. The letter of authorization will have to be signed by the department head.**