



## PEACE OFFICER STANDARDS & TRAINING

### FULL-TIME MUNICIPAL LAW ENFORCEMENT OFFICER ROSTER

Name of \_\_\_\_\_  
Department \_\_\_\_\_ Phone # \_\_\_\_\_  
Department's \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_  
Post Office Box/Street Number City/State Zip

**Please complete and sign the following roster for full-time law enforcement officers only and return to the address listed at the bottom of this page.**

Name (Last, First Middle)	Social Security Number (Last 4 Digits)	Position or Rank	Date of Employment (Month / Day / Year)	Certificate #	YTD Training Hours
	XXX-XX-	CHIEF			
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				
	XXX-XX-				

**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 and a jail sentence of up to 5 years.**

### AFFIDAVIT

I swear or affirm that this list is a complete and exhaustive list of all full-time law enforcement officers as defined by Chapter 474, Section 6 of the General Laws of the State of Mississippi who are currently employed by my organization.

Signature of Agency/Department Head

Date Signed

## INSTRUCTIONS

**This form is to be completed by the employing agency/department and returned to this office within thirty days of receipt. Make as many copies of this form as needed. You may use your own computer-generated form(s) only if it contains all the information that is requested on this form.**

1. When completing this form type or print in ink.
2. Type the name of the employing agency/department and the phone number.
3. Enter the department's mailing address and the department's fax number (if applicable).
4. Enter "N/A" in the first space under Name if your department does not employ anyone who would be considered a full-time officer, sign and return the form to the address listed below.
5. Record each officer's full name (last, first and middle names), social security number, position or rank, date of employment as a full-time officer (month/day/year) and his/her certificate number found in the bottom left hand corner of the Board on Law Enforcement Officer Standards and Training (BLEOST) Professional Certificate. If the officer has not yet been certified by BLEOST, then enter **N C**. If the officer meets the required standards for certification, but your department has not yet received his/her certificate, then call this office for the certificate number. For agencies required to report in-service training, the year to date training hours must be listed in the appropriate column.
6. This form must be signed and dated by the head of the agency, or the form must be signed and dated by someone with the authority to do so. If the later is the case, then we must have a letter, on file at this office, stating specifically who has such authority. This letter will have to be authorized by the head of the agency.
7. Once completed, signed and dated return to the address below.

MS Dept. of Public Safety/Div. Of Public Safety Planning/  
**Office of Standards and Training**  
152 Watford Parkway Drive  
Canton, MS 39046

Telephone (601) 391-4896; Facsimile - (601) 391-4939