



PEACE OFFICER STANDARDS & TRAINING

PART-TIME 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 part-time, reserve, or auxiliary 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 #
	XXX-XX-			
	XXX-XX-			
	XXX-XX-			
	XXX-XX-			
	XXX-XX-			
	XXX-XX-			
	XXX-XX-			
	XXX-XX-			
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	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 part-time, reserve, or auxiliary 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

MS Dept. of Public Safety/Div. Of Public Safety Planning/
 Office of Standards and Training
 152 Watford Parkway Drive
 Canton, Mississippi 39046
 Telephone # - (601) 391-4896, Fax # - (601) 391-4939

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 part-time, reserve, or auxiliary 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 part-time, reserve, or auxiliary 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.
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.

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152 Watford Parkway Drive
Canton, MS 39046

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