Date: _____

Subject: C.I.P. Registration

I am writing to request enrollment for (Officer's name) _____ from (Dept. name)_____ in the Certified Investigator Program. This officer is a certified Law Enforcement Officer in the State of Mississippi with _____ years of experience. They are currently serving in an investigative role or are transitioning into such a position.

I understand that the program consists of eight (8) sessions, each lasting one (1) week, and will take up to eight months to complete. We will make every effort to ensure that the officer does not miss any sessions. However, should circumstances arise that prevent the officer from attending, MLEOTA will be promptly notified so that their spot may be filled by another candidate.

Requested by: (print name) _____
Supervisor Title: _____
Supervisor Signature: _____

Candidate name: _____
Contact telephone number: _____
Candidate email address: _____
Date received by CIP: _____
Date confirmed by CIP: _____

Certified Investigator Program

Complete and email this form to Kristi Peede kpeede@mbn.ms.gov

Someone from the CIP division will contact you after you receive this form.