



TATE REEVES
GOVERNOR

STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY

SEAN TINDELL
COMMISSIONER

TONY CARLETON
DIRECTOR

To: Chiefs, Sheriffs, and Administrators

From: Director, MLEOTA

We appreciate your trusting us to train your officers. We do not take this lightly and are committed to providing your staff with the highest quality training possible. We strive to exceed the standards and training curriculum so that your staff is well-prepared to meet the needs of your community. To achieve this, we are implementing the following changes.

***Have the recruit scan this QR code ASAP; to start the training process. ***



Pre-registration Scan QR code

PLEASE READ CAREFULLY

Pre-PT tests will be administered on select dates listed below **before** the start of the Academy. *This means that we will no longer offer a pre-PT test on the first day of the Academy unless there are extenuating circumstances.* Before administering the pre-PT test, the recruit's application with the included physician's approval, **must** be turned in.

The initial pre-PT test dates will be August 4, 2026 or August 11, 2026. A remedial date will be provided on August 25, 2026, for those who failed and would like another chance to pass. All pre-PT tests will be conducted at 9:00 am at the MLEOTA gym.

Recruits must score a minimum of 50% before being allowed admittance to the Academy. If a student fails any portion, they will be given the results along with a program for improvement. Our assessment of the fitness level of the officer and your encouragement will provide the ingredients to have them ready to meet the program's challenges.

COURSE TUITION AND EXPENSES

*Basic class training is \$4,000 for eleven (11) weeks (480 training hours) and prorated for those individuals who do not complete the entire 11-week course.

**Tactical Driver Training for the Basic Class.* A vehicle will be required for this training. We request that all wheel covers be removed and the vehicle be equipped with a spare tire and jack. Our Academy will not furnish oil, transmission fluid, or engine coolant. A large portion of this training will be devoted to Emergency Vehicle Response and Pursuit Driving. Sirens and Blue lights will be required for this training.

**Firearms training.* The firearms curriculum consists of 52 hours of firearms training. The number of students training with a semi-automatic pistol has continued to increase. Additionally, our curriculum has evolved to reflect the training needs of modern policing. A basic recruit will now fire at least 1250 rounds and use several more targets than before. These changes will require a slight increase in the differential ammunition cost if the student uses a semi-automatic pistol during training. We furnish all semi-autos with ammunition. The cost differential for training with a semi-auto will be as follows:

- We can bill your agency.
- Your agency may send a check.
- Your agency may provide ammo.

9mm \$ 265.00

45 Cal \$358.42

40 Cal \$299.06

If we can assist you in any way or answer any questions, please do not hesitate to call.

Joseph Green
Deputy Director
MLEOTA

Joseph.green@dps.ms.gov
601-933-2130 office

Basic Class # 281

September 6 – November 19, 2026

Attention

The basic Class is an 11-week training course consisting of 480 training hours. This Class will consist of four (4) ten-hour training days each week, taking place over eleven weeks. All recruits are required to pass a pre-entry P.T. test before being allowed into the program. The application **must** be turned in **prior** to taking the pre-PT test (see *scheduled Pre-PT dates below*).

Important Dates

- First Pre-PT test at MLEOTA (Gym) August 4, 2026 @ 9:00 am.
- Second Pre-PT test at MLEOTA (Gym) August 11, 2026 @ 9:00 am.
- Remedial Pre-PT test at MLEOTA (Gym) August 25, 2026 @ 9:00 am.
- **Basic Class Begins at MLEOTA (Gym) May 10, 2026 @ 12:00 pm.**

Application Deadline

The Academy **must** receive your original application **before** taking the Pre-PT test (*please see the scheduled Pre-PT dates listed above*).

Please mail the application and all required documents to:

MLEOTA
Attn. Brittany Hugo
3791 Hwy 468 W
Pearl, MS 39208
601-933-2128

***REQUIRED DOCUMENTS**

PLEASE BE SURE OF THE FOLLOWING:

- ✓ Make sure the completed original medical application is submitted to this office (MLEOTA) before any physical tests or exercises can be administered.
- ✓ A copy of your high school diploma, transcript, or G.E.D.
- ✓ **Questions 11-15 on page 12 of the medical forms must be initialed YES before any physical tests or exercises can be administered.**
- ✓ Make certain the results of EKG are included.
- ✓ Include a valid ID.

***Note:** All items on this list must be turned in **BEFORE** the scheduled Pre-PT test date.

For cancellations, please call 601-933-2128 or email Brittany Hugo bhugo@dps.ms.gov

DAY ONE RECRUIT REPORTING PROCEDURES

- ✓ All Recruits must report to the MLEOTA gym on September 6, 2026, by 12:00 pm for orientation. Upon arrival, recruits will park their vehicles in the drive that circles around the administrative building.
- ✓ Recruits will report in **their own personal P.T. gear** on day one. The Academy will **not** provide P.T. gear for the **first week** of the basic Class; therefore, the recruits should bring enough P.T. gear to last them for the first week of training. P.T. gear should include navy blue shorts and white T-shirts.
- ✓ Recruits should have a duty belt with a duty weapon holstered. We will unload and clear all weapons during the onboarding process. To make clearing easier, recruits should have two of their three required magazines already emptied and in the mag pouch. **All firearms and any other firearms should be secured in the trunk of their vehicle.**
- ✓ Recruits are **expected** to arrive with **all items** on the equipment list neatly organized and readily accessible to be displayed during orientation. All items should be packed in a manner that is easy to transport from one location to another.

Important Information

Basic Law Enforcement Training

Class # 281

September 6 – November 19, 2026

- You have indicated that you have an officer(s) to send to the Basic Law Enforcement Training Class.
- You will be billed for tuition in the 6th week of the Class. Tuition may be paid by check or money order and payable to the Mississippi Law Enforcement Officers Training Academy (MLEOTA).
- Certification of your officer(s) by the Board of Law Enforcement Officer Standards and Training (BLEOST) will not be processed until your tuition has been paid in full.
- **Self-sponsored applicants** are required to pay a non-refundable fee of \$600.00 at application submission. You will then be required to pay quarterly. In the first quarter, the remaining balance of \$400.00 is required. The remaining quarters will require payment of \$1000.00 each. All payments must be paid in full before certifications can be received.
- Enclosed, please find the following: 1) Application for medical clearance to attend physical training in Basic Law Enforcement Training. 2) A list of supplies needed by the officer during training.
- Please answer every question. The application(s) will be returned to your office if any part is not completed.
- The results of the EKG must be listed on page 11, item 5.

ITEMS PROVIDED BY THE ACADEMY:

- Meals - 3 per day, every day of the week.
- Beds and Linens - 2 towels, 1 bath cloth, 2 sheets, 1 pillowcase, and 1 blanket per week. Students may bring additional towels or washcloths if they feel they are needed.
- Students may bring personal sheets, but they must be WHITE in color ONLY.
- School supplies - notebooks, paper, pens, handouts, etc.

- Washer and dryer - Students are required to supply their own detergent.
- A cap with MLEOTA emblem (the designated headgear).
- Two pairs of gym shorts with the MLEOTA emblem for P.T. (*provided after week one*).
- Three (3) MLEOTA T-shirts (*provided after week one*).

BASIC LAW ENFORCEMENT TRAINING SUPPLY LIST

The following is a list of the clothing and equipment needed for this training course.

1. Bring at least four (4) pairs of **khaki**-colored B.D.U. pants with belt loops (no elastic waistbands). **These pants must have cargo pockets**. All students will be required to wear B.D.U. pants and MLEOTA t-shirts during the training program; the Academy will provide MLEOTA t-shirts **after** the first week of training. MLEOTA recommends the '5.11' or the 'Proper' brand for all training activities. However, if another brand has been purchased, there is no reason for making any additional purchases. No student will be penalized for violation of uniform dress due solely to manufacturer brand.
2. Five (5) white cotton t-shirts with their last name on the back in 2" navy blue capital letters in Arial font will be required for physical training classes.
3. During the colder months, students will be required to have 2 pairs of navy-blue warm-ups with their last name on the back of the warm-up top in white 2" capital letters in Arial font.
4. Rainwear for outdoor classes during bad weather.
5. A minimum of ten pairs of **BLACK** athletic crew length socks.
6. Sufficient underwear (two changes a day may be required due to physical activities).
7. Personal hygiene kit (i.e. soap, shampoo, razor, deodorant, toothbrush, etc.). Personal hygiene and appearance shall not be neglected. The face will be shaved, the hair cut according to the Academy policy, and clothing and equipment kept neat and clean.
8. One pair of black shoes or boots, plain toe, capable of being highly shined. No "corfam", patent leather, or other permanently shined shoes are allowed.
9. Boot polish kit (i.e. polish, brush, and rags).
10. At least one pair of running or gym shoes.
11. One pair of shower shoes.
12. Mesh laundry bag.
13. Mouthpiece for defensive tactics.
14. Groin cup with carrier (males only).
15. Battery-powered alarm clock.
16. Ten (10) plastic **WHITE** hangers
17. Full duty belt with holster, mag pouch, handcuff case, handcuffs and key, etc.
18. Duty weapon with three (3) high-capacity magazines.
19. Under belt (Velcro lined under belt preferred).
20. Four (4) belt keepers
21. Handheld Flashlight (may be issued or purchased).
22. Ballistic vest.
23. One pocket dictionary.
24. Padlock to secure personal items.
25. Starch for uniforms.
26. Clothing iron.
27. Thirty-two (32) oz water bottle (**BLUE** only) with screw top lid. The Nalgene brand is recommended. It can be purchased from Walmart or Amazon.

See the picture



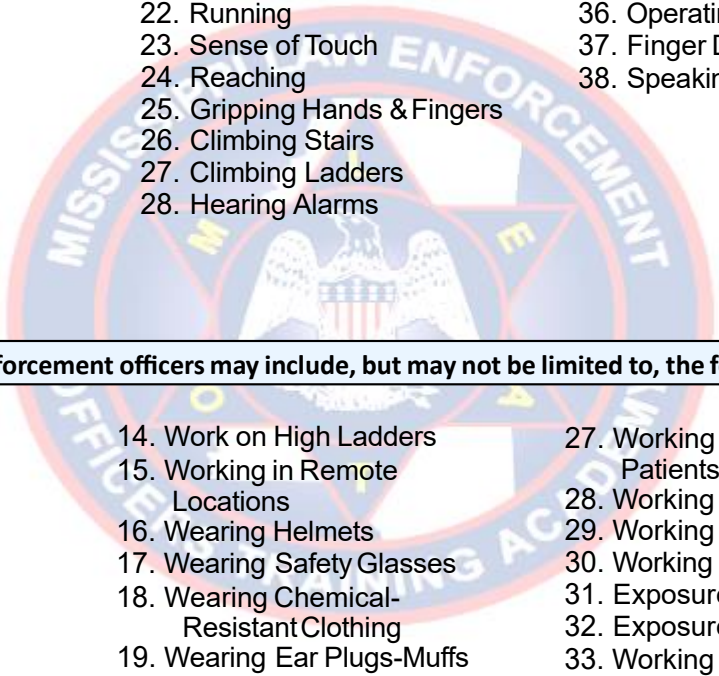
FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician.

The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

- 
- | | | |
|---------------------------------|------------------------------|----------------------------------|
| 1. Use of Firearms | 15. Sitting | 29. Hearing Voice Conversation |
| 2. Driving Emergency Vehicles | 16. Standing | 30. Color Identification |
| 3. Handcuff Prisoners | 17. Standing-Long Periods | 31. Close Vision |
| 4. Administer First Aid | 18. Kneeling | 32. Far Vision |
| 5. Rescue Operations | 19. Twisting Body | 33. Side Vision-Depth Perception |
| 6. Lifting & Carrying 0-70 lbs. | 20. Pushing | 34. Night Vision |
| 7. Direct Traffic | 21. Pulling | 35. Maintaining Balance |
| 8. Subdue Prisoners | 22. Running | 36. Operating Passenger Vehicles |
| 9. Pursue Suspects | 23. Sense of Touch | 37. Finger Dexterity |
| 10. Walking-Lateral Mobility | 24. Reaching | 38. Speakin |
| 11. Walking Rough Terrain | 25. Gripping Hands & Fingers | |
| 12. Bending | 26. Climbing Stairs | |
| 13. Stooping | 27. Climbing Ladders | |
| 14. Crouching | 28. Hearing Alarms | |

Working conditions for law enforcement officers may include, but may not be limited to, the following:

- | | | |
|--|--|---|
| 1. Exposure to the Sun | 14. Work on High Ladders | 27. Working with Adult Mental Patients |
| 2. Exposure to Inside TemperatureExtremes | 15. Working in Remote Locations | 28. Working Night Shifts |
| 3. Exposure to Outside TemperatureExtremes | 16. Wearing Helmets | 29. Working Day Shifts |
| 4. Dampness | 17. Wearing Safety Glasses | 30. Working Weekends |
| 5. High Humidity | 18. Wearing Chemical-ResistantClothing | 31. Exposure to Tobacco Smoke |
| 6. Noisy Work Areas | 19. Wearing Ear Plugs-Muffs | 32. Exposure to Other Smoke |
| 7. Work at Heights | 20. Wearing Rubber Boots | 33. Working at High Elevation |
| 8. Work in Confined Space | 21. Exposure to Bee Stings | 34. Working with Intellectual Disabilities |
| 9. Work in Crowded Areas | 22. Exposure to Poison Oak | 35. Providing RemoteEmergency Medical Assist. |
| 10. Working Alone | 23. Exposure to Dust or Pollen | 36. Scuba Diving |
| 11. Work with Inmates | 24. Exposure to Fumes | |
| 12. Exposure to Intense Light | 25. Air Travel | |
| 13. Exposure to Noxious Odors | 26. Working Long Hours | |

Information for the Physician - Continued

Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the Academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1½ mile run and is administered to all Full-time, Part-time, and Refresher trainees. It is the same test administered at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus, it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS '				20-29				30-39				40-50+					
	Score	Male		Female		Male		Female		Male		Female					
AGILITY RUN (maximum allowed times for each group measured in seconds)	100%	15:30		17:30		16:40		18:30		17:35		20:55					
	70%	18:30		21:10		19:10		22:20		20:05		23:35					
	50%	20:40		23:30		20:30		24:40		21:35		26:05					
1.5 MILE RUN (maximum allowed times for each group measured in minutes)	100%	9:00		10:48		10:00		12:00		11:00		13:12					
	70%	14:30		17:18		15:30		18:30		16:30		19:42					
	50%	18:10		21:38		19:10		22:50		20:10		24:02					
AGE GROUPS '		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PUSH-UPS (minimum required in a two-minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

MEDICAL EXAMINATION REPORT HEALTH QUESTIONNAIRE

To be completed by the applicant & the applicant's agency.

Print or type

Applicant's Name _____

Doctor's Name _____

Applicant's Department/Agency _____

Name of Office or Clinic _____

Department's Address _____

Clinic's Address _____

Telephone Number _____

Telephone Number _____

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B., and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered **Yes** in this questionnaire. Write your own account in **Sections B** and **C**. Include diagnosis and dates.

SECTION A - check each condition or ailment that applies **Yes** or **No**.

Explain each **Yes** answer in **Section B** and list physicians consulted in **Section C**.

	Condition	No	Yes	Hosp.		Condition	No	Yes	Hosp.
1	Head injury				24	Sensitivity to dust			
2	Back trouble, pain				25	Other allergies			
3	Any defect of bones/joints including amputations, dislocations, or breaks				26	Frequent colds			
4	Lameness				27	Cancer, malignancy			
5	Rheumatism, arthritis				28	Tumor, growth, cyst			
6	Trick/locked knee, knee injury				29	Complications from childhood diseases			
7	Foot trouble				30	Polio			
8	Eye injury, surgery, disease				31	Rheumatic fever			
9	Wear or have worn glasses/contacts				32	Heart trouble, circulatory trouble			
10	Hard of hearing, hearing problems				33	High, low blood pressure			
11	Wear or have worn a hearing aid				34	Varicose veins			
12	Headaches				35	Pernicious anemia, leukemia, other blood disorders or ailments			
13	Mental illness, nervous breakdown				36	Hepatitis, jaundice, other liver ailments			
14	Addiction to drugs, alcohol				37	Diabetes, sugar in urine			
15	Fainting, dizzy spells				38	Ulcers, other stomach trouble			
16	Epilepsy, fits				39	Colitis			
17	Any disorder of the nervous system				40	Gall bladder trouble			
18	Tuberculosis, another lung trouble				41	Kidney/bladder trouble			
19	Shortness of breath				42	Piles/hemorrhoids			
20	Asthma				43	Rupture/hernia			
21	Bronchitis				44	Mononucleosis			
22	Allergic reaction to poison oak, ivy				45	HIV/ARC/AIDS			
23	Skin trouble								

PHYSICAL FITNESS EXAMINATION

NOTE: Any falsification, withholding or failure to answer all questions completely and accurately may cause revocation of certification and/or expulsion from training. 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 ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

Name _____ Age _____ Male _____ Female _____ Height _____ Weight _____

THRESHOLD WEIGHT TABLE

Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS

MALE	20-29	30-39	AGE GROUPS		50-59
			40-49		
% of Body Fat	20.4	23.5	25.5		27.1
FEMALE	20-29	30-39	AGE GROUPS		50-59
			40-49		
% of Body Fat	27.7	28.9	32.1		35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this Individual's present weight of _____ pounds to be satisfactory; _____ excessive; _____ deficient. Under proper medical supervision, the applicant should _____ lose/ _____ gain- _____ lbs

Comments: _____

1. **Visual Acuity** If applicant wears glasses, test, and record with and without glasses.)

With Glasses right 20/____ left 20/____ both 20/____ Field of Vision right ____ left ____

Depth Color

Without Glasses right 20/____ left 20/____ both 20/____ Perception ____ Perception ____

Note any abnormalities or comments: _____

2. **Hearing** right 15/____ left 15/____

Drum perforation or damage: _____

Hearing aid _____ (Normal hearing is generally considered to be able to distinguish the words in A whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: _____

3. **Head** Note any injury, deformity or disease involving.

Nose and sinus _____ Throat and neck _____

Teeth and jaw _____ Note any abnormalities or comments: _____

4. **Lungs** Note any abnormalities or comments: _____

5. **Cardiovascular System**

Action

At rest

After moderate

Exercise

Two minutes after

Moderate exercise

<u>Blood pressure</u>	<u>Pulse</u>	<u>Sounds</u>	<u>Rhythm</u>
____/____	____	____	____
____/____	____	____	____
____/____	____	____	____

Circulation to extremities: _____

EKG results: _____

(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

6. MUSCULO-SKELETAL SYSTEM (Test by bending, stooping, and squatting. Also, test by head, arm, hand, finger, leg, and foot motions.)

Spine: Mobility _____ Symmetry _____ Posture _____ Upper Extremities _____ Lower Extremities _____

Note any abnormalities or comments: _____

7. NERVOUS SYSTEM - Note any abnormalities or comments: _____

8. ABDOMEN, RECTAL - Note any abnormalities or comments: _____

9. GENITO-URINARY Urinalysis: Specific gravity _____ Sugar _____ ALB _____

Note any abnormalities or comments: _____

10. SKIN - Note any abnormalities or comments: _____

11. Are there any conditions physical, mental, or emotional which in your opinion suggest a need for further examination? ____ If yes, explain on a separate 8½ by 11-inch sheet of paper.

12. With respect to the duties and conditions listed on page ii. do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? ____ if so, explain on a separate 8½ by 11-inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? ____ If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? ____ If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page 7 at the levels that are indicated? ____ If not, please explain on a separate 8½ by 11 sheets of paper.

PHYSICIAN'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of Attending Physician

Signature of Attending Physician

Date of Examination

NOTE: 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 ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

LAW ENFORCEMENT AGENCY’S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below, I reviewed the results of this candidate's Medical Examination Report, including all comments and/or abnormalities, the Application for Training, and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the Academy and will be considered on active-duty status, with my organization, during his or her training period.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee

Date

APPLICANT’S AFFIDAVIT & INJURY LIABILITY WAIVER

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the Academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into _____ Academy, this facility has become my Academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

Signature of Applicant

Date Signed

MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY TATTOO SCREENING FORM

Name_____ Last 5 SSN_____ Date_____

Department Name_____

Part I. Purpose

The purpose of this form is to ensure proper documentation of all tattoos, brands, and/or body ornamentation. Refusal to complete this form in its entirety will result in the termination of your application process.

1. Does the applicant currently have, or ever had, any tattoos, brands, body marking, or body ornamentation, **or** has the applicant ever had a tattoo, brand, or body ornamentation removed, concealed, covered, or altered?

Y_____ N_____

If the answer to Question 1 is "no", move to Part IV of this form.

2. Are any of the tattoos, brands, or markings considered racist or offensive in nature?

Y_____ N_____

3. Do any of the tattoos, brands, or markings express an association with conduct or substances prohibited by the Mississippi Law Enforcement Officers' Training Academy's policies and procedures (to include tattoos associated with illegal drugs, drug usage, or drug paraphernalia)?

Y_____ N_____

4. Are any of the tattoos, brands, or markings a result of a specific activity (i.e., activity for membership initiation, or as the result of any violation of laws(s))?

Y_____ N_____

5. Are any of the tattoos, brands, or markings indicative of gang activity and/or gang affiliation, past or present?

Y_____ N_____

MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY TATTOO SCREENING FORM

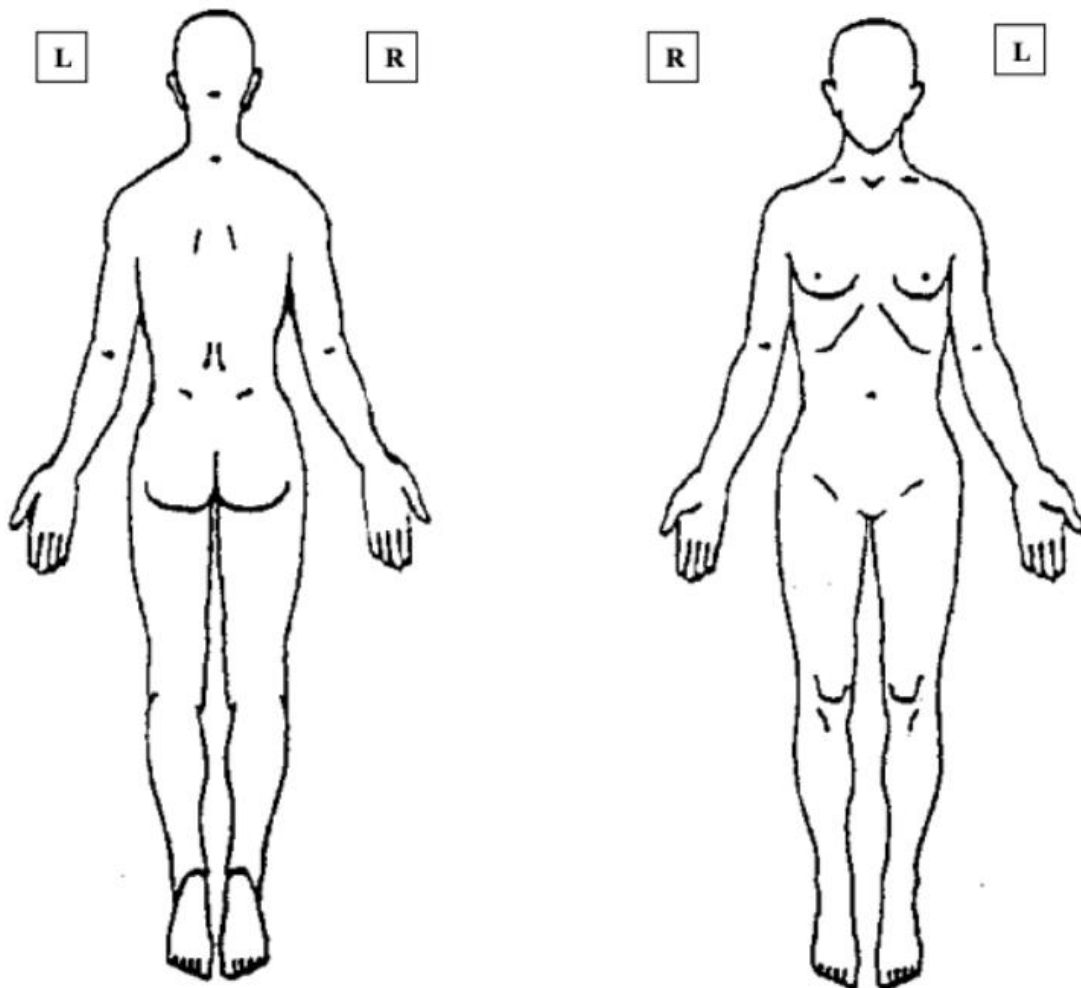
Part II. Review

If the applicant responded "yes" to question 1, their tattoo(s)/marking(s), or history thereof must be reviewed by a designated DPS employee to determine eligibility.

- If the applicant responded "yes" to question 1, the applicant's tattoo must be reviewed to determine eligibility. If the applicant responded "yes" to questions 2 through 5, the applicant is ineligible.
- Digital photos are required for all reviews.
- Applicants may hand draw pictures of tattoos not visible indicating content and location.

Part III. Documentation

The section below will document any tattoo, brand, marking, or body ornamentation. Place number on body location and describe in spaces provided indicating content and meaning:



MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY TATTOO SCREENING FORM

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

****If you need more room, please utilize the back of this form.***

Part IV. Certification

I have completely disclosed the full extent of my tattoos, brands, or body ornamentation, to include those removed or altered.

Print Name of Applicant

Signature of Applicant

Date

Print Department Head Name

Signature of Department Head

Date