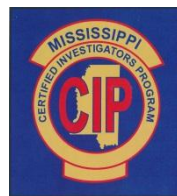


# Certified Investigator Program



**To: C.I.P. Director**

**Date:** \_\_\_\_\_

**Subject: C.I.P. Registration**

I request that (Officer's name) \_\_\_\_\_ of the  
(Dept. name) \_\_\_\_\_ be  
enrolled in the Certified Investigator Program. The candidate is a certified Law  
Enforcement Officer by the State of Mississippi with \_\_\_\_\_ years experience.  
I realize that this course covers five (5) sessions, each session being two (2) weeks in  
length, and may take up to a year for completion. Every attempt will be made to limit  
the officer from missing any sessions. If circumstances develop that my candidate cannot  
attend, MLEOTA will be notified immediately, so the slot may be filled by another candidate.

Requested by: (print name) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Officer candidate: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date received by CIP: \_\_\_\_\_

Date confirmed by CIP: \_\_\_\_\_

Scheduled for class # : \_\_\_\_\_

**Certified Investigator Program, fax # 601-933-2200**

**Director Joe Jackson, phone # 601-933-2161**

**e-mail [jjackson@dps.ms.gov](mailto:jjackson@dps.ms.gov)**

**Assistant Director, Mike Adcox, phone # 601-933-2133**

**e-mail [madcox@dps.ms.gov](mailto:madcox@dps.ms.gov)**