



PEACE OFFICER STANDARDS & TRAINING

DETENTION OFFICER AGENCY 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 detention officers and return to the address listed at the bottom of this page.

Table with 5 columns: Name (Last, First Middle), Social Security Number, Position or Rank, Date of Employment (Month / Day / Year), Certificate #

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

AFFIDAVIT

I swear or affirm that this list is a complete and exhaustive list of all the detention officers as defined by Chapter 482, Section 4 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 jail officer 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 detention officer (month/day/year) and his/her certificate number found in the bottom left hand corner of the Board on Jail Officer Standards and Training (BJOST) Professional Certificate. If the officer has not yet been certified by BJOST, 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 the form to the address below.

MS Dept. of Public Safety/Div. Of Public Safety Planning/  
**Office of Standards and Training**  
1025 North Park Drive  
Ridgeland, MS 39157

Telephone (601) 977-3777; Facsimile - (601) 977-3773