ATTACHMENT C

Commission on Peace Officer Standards and Training (POST)

POST 2-250 (05/2010 REV 06/2014)

CERTIFICATE REISSUED BY

1601 Alhambra Blvd Sacramento, CA 95816-7083

SECTION 1. REQUESTOR INFORMATION

REQUEST FOR REISSUANCE OF POST CERTIFICATE

Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above. Contact the POST Information Services Bureau for instructions on requesting records.

| 1. NAME (LAST, FIRST, MI) | | | | | | 2. POST–ID (OR | | | (OR SOCIAL SECURITY N | SOCIAL SECURITY NUMBER) | |
|--|-------------|-----------------------------------|-----------------|-----------------------|---|--|-------------|----------------------|-----------------------|-------------------------|--|
| | | | | | | | | | SSN: | SSN: | |
| 3. AGENCY NAME (IF CURRENTLY EMPLOYED) | | | | | | 4. AGEN | NCY CONTACT | NAME | 5. AGENCY PH | ONE NUMBER | |
| | | | | | | | | | () | () | |
| 6. END DATE IF NO LONGER WITH AGENCY 7. COMPLETE MA | | | | | | ILING ADDRESS (STREET / PO BOX / CITY) | | | |) | |
| | | | | | | | | | | | |
| 8. REQUESTOR CONTACT INFORMATION | | | | | | | | | | | |
| Phone: (|) | | Fax | () | Er | Email: | | | | | |
| 9. ORIGINAL CERTIF | FICATE WAS: | | | | 11. REQUE | 11. REQUESTOR - CHECK ONE ONLY | | | | | |
| ☐ Lost ☐ Stolen ☐ Destroyed | | | | | ☐ I request that my certificate(s) be reissued. | | | | | | |
| ☐ Lost ☐ Stolen ☐ Destroyed ☐ Other (briefly explain): | | | | | ☐ I request that my Management OR Executive Certificate be reissued bearing the | | | | | | |
| ☐ Other [bl | | name my current employing agency. | | | | | | | | | |
| | | | REQUESTOR SIG | | | OR SIGNATURE: | SIGNATURE: | | | | |
| | | | | | Date: | | | | | | |
| SECTION 2. CERTIFICATE REQUESTED | | | | | | | | | | | |
| | | | KEQUI | _ | | <u> </u> | | <u> </u> | | - | |
| 11. GENER | | Basic | | Intermediate | | Advanced | | upervisory | Management | ☐ Executive | |
| 12. SPECIALIZ | | Basic | | Intermediate | | Advanced | | upervisory | Management | Executive | |
| | | | | Intermediate | | Advanced | | upervisory | Management | Executive | |
| 14. DISPATCHER Basic | | | | Intermediate | | Advanced | | upervisory | | | |
| 14 <u>15</u> . OTH | | | e Office | er <mark>⊟₋Pub</mark> | lic Safety | Dispatcher- | ∐ Re | ecords Superv | risor | | |
| SECTION 3. POST USE ONLY | | | | | | | | | | | |
| CERTIFICATE | | | | | L CERTIF | L CERTIFICATE | | REISSUED CERTIFICATE | | | |
| | | | | OLD NUMBER | | DATE ISS | SUED | | W NUMBER | DATE ISSUED | |
| Basic | GENE | | B – | | | | | B – | | | |
| | SPECIALIZED | | S – | | | | | S – | | | |
| | DISPATO | | CB – | | | | | CB – | - | | |
| Intermediate | - | | | | | | | | | | |
| | SPECIAL | | SI – | | | | | SI – | | | |
| | CORO | | CI – | | | | | CI – | | | |
| | DISPATO | | | | | | | DI – | | | |
| Advanced | GENE | | <u> </u> | | | | | A – | | | |
| | | | SA – | | | | | SA – | | | |
| | CORO | | CA – | | | | | CA – | | | |
| DISPATCHER | | DA – | | | | | DA – | | | | |
| | GENE | | S – | | | | | S – | | | |
| Supervisory | | | SS – | | | | | SS – | | | |
| | CORO | | CS - | | | | | CS – | | | |
| | DISPATO | | DS - | | | | | DS – | | | |
| Management | GENE | | M – | | | | | M – | | | |
| | | | SM - | | | | | SM – | | | |
| | CORO | | CM - | | | | | CM – | | | |
| Executive | GENE | | E – | | | | | E – | | | |
| | | | SE - | | | | | SE – | | | |
| | CORO | | CE - | | | | | CE – | | | |
| RESERVE OFFICER | | | R – | | | | | R – | | | |
| PUB SAFETY DISPATCHER | | | _ D_ | | | | | D- | | | |
| | | | | | | | | RS – | | | |
| | | | | | | | | | | | |

Date:

Reviewed by: