STATE OF MISSOURI
Department of Public Safety

Missouri Peace Officer License Application
For Veteran Peace Officers

Mail completed application to:

Peace Officer Standards & Training (POST) Program
Attention: Licensing Section
P.O. Box 749
Jefferson City, MO  65102

Contact information:

Phone: (573) 751-3409
Fax: (573) 751-5399
Email: post@dps.mo.gov
Website:  https://dps.mo.gov/post
**Missouri Peace Officer License Application For Veteran Peace Officers**

Please type or print legibly. Rev. 10.13.2017

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<th><strong>APPLICANT INFORMATION</strong></th>
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<td><strong>Name (Last, First, Middle)</strong></td>
<td><strong>Social Security Number</strong></td>
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<tr>
<td><strong>Address</strong></td>
<td><strong>City</strong></td>
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<tr>
<td><strong>Daytime Telephone Number</strong></td>
<td><strong>Email address</strong></td>
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**LAW ENFORCEMENT EMPLOYMENT HISTORY**

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<th><strong>AGENCY</strong></th>
<th><strong>ADDRESS (city, state, zip)</strong></th>
<th><strong>FROM (mm/dd/yyyy)</strong></th>
<th><strong>TO (mm/dd/yyyy)</strong></th>
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**PEACE OFFICER LICENSE (CERTIFICATION)/TRAINING HISTORY**

Have you ever applied for admittance into a basic law enforcement academy?

[ ] Yes  [ ] No

If yes, please indicate the name of the training center and the state in which it was located: 

Total hours of basic law enforcement training: 

Have you ever held a Peace Officer License/Certification in another state?

[ ] Yes  [ ] No

If yes, in what state were you licensed/certified?

POST ID# or License # 

[ ] Federal or Military Police

Indicate total number of hours of federal or military police academy basic recruit training:

Graduate of:

[ ] FBI National Academy  [ ] NW Staff and Command School  [ ] SPI Police Executive Development Course

**ATTESTATION BY APPLICANT**

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant ___________________________________________________________ Date ________________________________

**IN ADDITION TO THE INFORMATION ABOVE THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THE APPLICATION**

1. Copy of your High School Diploma, GED, or college degree;
2. Copy of your Birth Certificate, Passport, or Naturalization Documentation as proof of U.S. citizenship. If your name has been changed, include marriage license, divorce decree, or legal name change documentation;
3. Photocopy of current state issued driver’s license;
4. Completed, signed and **notarized** Missouri Peace Officer License Legal Questionnaire and Authorization For Release of Information;
5. A letter from each law enforcement agency listed verifying either full-time or reserve/part-time employment during dates indicated;
6. Copy of your basic law enforcement training certificate;
7. Copy of your military police Enlisted Record Brief/Officer Record Brief, and/or DD Form 214;
8. Verification from the state licensing entity that you are or were the holder of a valid peace officer license in their state if indicated;
9. Verification of hours of continuing education attended while employed as a peace, federal, or military police officer as indicated; and
10. Verification of graduation from FBI National Academy, Northwestern Univ. Center for Public Safety Staff and Command School or the Southern Police Institute Police Executive Development Course if indicated.

**REMININDER**: Review the attached sheet for finger printing instructions. You must complete a State and FBI background check.

Processed by:______________________ Reviewed by:______________________ Approved by:______________________ IAD __________

SID#: __________________________ Exam Score: __________________________ License #: __________________________
INTRODUCTION:
The purpose of this questionnaire is to determine your ability to obtain a Missouri Peace Officer License. The POST Program may request that you provide additional information, such as investigative reports and court records, prior to determining your eligibility for licensing. Answering “yes” to either of the following questions does not automatically disqualify you from obtaining a Missouri Peace Officer License. Before signing and submitting this notarized questionnaire, please feel free to discuss any questions you might have with a representative of the POST Program. The POST Program may be contacted at (573) 751-3409.

APPLICANT’S PRINTED NAME: ____________________________________________

1) Have you ever been arrested for, charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

☐ YES *    ☐ NO

*If yes, describe the offense(s) below. If needed, you may attach additional pages.

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<tr>
<th>Date</th>
<th>Charge/Offense</th>
<th>City/County/State</th>
<th>Misd/Felony/Ordinance</th>
<th>Disposition</th>
<th>Arresting Agency</th>
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2) Have you ever been fired/terminated, or given the option of resigning in lieu of firing/termination, by a law enforcement agency?

☐ YES *    ☐ NO

*If yes, please explain: ________________________________

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590, RSMo, is a Class B Misdemeanor.

__________________________________________________________  _______________________
Signature of Applicant                                      Date

Subscribed and sworn to before me this ________ day of __________________________, 20__. I am commissioned as a notary public within the county of ______________, state of ________________________, and my commission expires on ______________, 20__.

__________________________________________________________
NOTARY PUBLIC

*POST USE ONLY*

Based on the information provided, the above listed applicant is eligible for licensure.

POST Program Representative: _________________________________  Date: ____________________

__________________________________________________________
Instructions for License Application for Veteran Peace Officers  
Rev. 06.04.2019

To determine your eligibility to take the Missouri Peace Officer Licensing Exam (MPOLE), please review the point assessment on pages 3-4 of the Missouri Peace Officer Licensing Handbook to determine if you have accrued enough points to apply.

Complete the Missouri Peace Officer License Application for Veteran Peace Officers in its entirety.

Please mail the application and all supporting documents to:

Missouri Peace Officer Standards & Training (POST) Program  
Attention: Licensing Section  
P.O. Box 749  
Jefferson City, MO 65102

In addition to submitting these forms, you will need to contact IDEMIA at (844)543-9712, or via the internet at https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html to make an appointment to be fingerprinted.

Your fingerprints will then be submitted to the Missouri State Highway Patrol and the Federal Bureau of Investigation for a criminal history check. There will be a fee for this process. This fee is set by IDEMIA. When making your appointment, provide the IDEMIA representative with the following registration number: 5991. You must use this registration number so that your fingerprints are coded correctly and processed accordingly for licensing purposes.

If you have any questions or need further assistance, please contact POST Program Licensing Supervisor Cheryl Parris at (573) 526-2764.
AUTHORIZATION FOR RELEASE OF INFORMATION
Rev. 06.28.2018

I, ______________________________ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure; any and all records related to any criminal or internal investigation conducted on me; and any and all pre-employment application or employment records pertaining to me, to the Missouri Department of Public Safety’s Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A copy of this authorization will be considered as effective and valid as the original and shall not expire.

_________________________________________  _____________________________
Signature of Applicant or Licensee                  Date

Subscribed and sworn to before me this ______ day of ____________________, 20___. I am commissioned as a notary public within the county of ______________, state of ________________________, and my commission expires on ______________, 20___.

______________________________
NOTARY PUBLIC