



Missouri Peace Officer License Application

Last Revised 06.08.2020



LICENSED TRAINING CENTER INFORMATION

Training Center Name		Contact Name	
Contact's E-mail Address	Phone Number ()	Fax Number ()	

APPLICANT INFORMATION

Name (Last, First, Middle)	E-Mail Address	Social Security Number	
Mailing Address	City	State	Zip Code
Telephone Number ()	Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

ATTESTATION BY APPLICANT

Have you previously applied for admittance into any other 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: _____

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

PLEASE ATTACH ALL DOCUMENTS LISTED BELOW IN THE ORDER THAT THEY ARE REQUESTED.

1. Copy of High School Diploma, GED, or Degree from an accredited college or university.
2. Proof of United States Citizenship: Birth Certificate, Passport, or Naturalization Documentation. If name has been changed, include marriage license, divorce decree, or legal name change documentation.
3. Completed Missouri Peace Officer License Legal Questionnaire **and** the Authorization for Release of Information.
4. Photocopy of the applicant's current state issued driver's license.

ADDITIONAL INFORMATION REQUIRED FROM CERTAIN TRAINING CENTERS

In addition to the three items listed above, the following items are required from the **Missouri State Highway Patrol, the Missouri Department of Conservation, the St. Louis City Police Department, the Kansas City Police Department, and the Springfield Police Department:**

- 1 Agency ORI: _____
- 2 Date Applicant will be Commissioned by your department, unless individual is an open enrollment applicant: _____

SEND THIS FORM AND ATTACHMENTS TO POST

Missouri Department of Public Safety
Peace Officer Standards & Training
(POST) Program
Attn: Cheryl Parris
P.O. Box 749
Jefferson City, MO 65102

Phone: (573) 526-2764
Fax: (573) 751-5399
Email: cheryl.parris@dps.mo.gov
Website: <https://dps.mo.gov/post>

FOR POST USE ONLY:

POST Test Date: _____ Proof of U.S. Citizenship: _____
 Graduation Date: _____ Diploma/Degree: _____
 IADLEST Check: _____ Legal Questionnaire: _____
 Basic Training Hours: _____ SID# _____
 Processed by: _____ Reviewed by: _____
 Program Manager Approval: _____ Date: _____