



Illinois Law Enforcement Training and Standards Board

Thomas J. Jurkanin, Ph.D., Executive Director

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Law Enforcement	Correctional	Court Security
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Full-time	Part-time
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Agency Name and Address (Please Type)	Name (Last, First, Middle Initial)
	Social Security No.
	Position



Waiver Request Based Upon (Select all that apply):

Full-time	Part-time
<input type="checkbox"/> Successful completion of the Illinois Basic Course prescribed by the Board (attach copy of certificate).	<input type="checkbox"/> Successful completion of the Illinois Basic or STTAR/PEP Course prescribed by the Board (attach copy of certificate).
<input type="checkbox"/> Successful completion of a basic training program of similar content and number of hours, found acceptable by the Board (attach copy of certificate).	<input type="checkbox"/> Successful completion of a basic training program of similar content and number of hours, found acceptable by the Board (attach copy of certificate).
<input type="checkbox"/> Extensive prior law enforcement, corrections or court security experience which makes the basic training requirements "illogical and unreasonable" (attach a summary of prior experience applicable to the specific position, giving dates of employment, department employed by, work assignment, hours per week, and length of service).	<input type="checkbox"/> Extensive prior law enforcement, corrections or court security experience which makes the basic training requirements "illogical and unreasonable" (attach a summary of prior experience applicable to the specific position, giving dates of employment, department employed by, work assignment, hours per week, and length of service).
<input type="checkbox"/> Other non-basic law enforcement training and education completed (attach copies of certificates and college transcripts).	<input type="checkbox"/> Other non-basic law enforcement training and education completed (attach copies of certificates and college transcripts).
<input type="checkbox"/> Illinois Mandatory Firearms Training Certificate (attach copy of certificate).	<input type="checkbox"/> Illinois Mandatory Firearms Training Certificate (attach copy of certificate).

Certification/Verification

As the Chief Administrator and Employer of the officer named herein, I am requesting a Waiver of the Training Requirements under the provisions of the Public Act. In so doing, I am verifying that the above officer is currently employed with this agency and that the information contained herein is complete and accurate. The above officer has been subjected to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Investigation and such investigation has revealed no conviction or crime involving moral turpitude (attach any arrest record). I attest that the above officer is of good character.

Typed Name of Agency Administrator _____ Telephone _____

Signature of Agency Administrator _____ Date _____

