

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

|                        |                  |                     |   |
|------------------------|------------------|---------------------|---|
| Last Name:             | First Name:      | Maiden/Middle Name: | Generation (Sr., Jr., etc):   |
| Social Security #:     | Date of Birth:   | Driver's License #: | Sex (check one):<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Email Address:         |                  |                     |   |
| Employing Agency:      |                  |                     | Hire Date:  |
| POST Academy Attended: | Graduation Date: |                     | P.O.S.T. Certificate #:   |

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation?  YES  NO
2. If yes, how long has the officer worked as a homicide investigator?  
\_\_\_\_\_ years \_\_\_\_\_ months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
\_\_\_\_\_
4. Has the above officer worked as the LEAD investigator in a homicide case?  YES  NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
\_\_\_\_\_ years \_\_\_\_\_ months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? \_\_\_\_\_

**Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.**

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**As the Agency Head, I am requesting a Waiver of the Homicide Investigator Training Requirement under LARS 40:2405.8. This request is based on the officer's prior investigation training and experience. I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.**

**Signature of Agency Head:** \_\_\_\_\_

**Printed Name of Agency Head:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**