# STATE OF ALABAMA
# PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION
# CORRECTIONS ACADEMY APPLICATION

DEPARTMENT: ALABAMA DEPARTMENT OF CORRECTIONS TELEPHONE: ( ) _____

ADDRESS: _____
STREET PO BOX CITY COUNTY ZIP

AGENCY HEAD: _____ TELEPHONE: ( ) _____

AGENCY CONTACT PERSON: _____ TELEPHONE: ( ) _____

AS THE COMMISSIONER OF THE ALABAMA DEPARTMENT OF CORRECTIONS, I HEREBY MAKE APPLICATION TO THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION

FOR _____
NAME OF APPLICANT

TO ATTEND A CERTIFIED CORRECTIONS ACADEMY. THE APPLICANT HEREIN NAMED HAS BEEN RECRUITED PURSUANT TO ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION REGULATIONS. I CERTIFY THAT THE APPLICANT IS EMPLOYED AS A FULL-TIME CORRECTIONAL OFFICER FOR THE ALABAMA DEPARTMENT OF CORRECTIONS.

SIGNED _____
COMMISSIONER

DATE: _____

| RECENT PHOTO OF APPLICANT | **APOSTC USE ONLY**<br>REMARKS:<br><br>CERTIFICATION #: _____ |
|---|---|

POST-1 (Rev 9/00)