

1. Type of Notice: Appointment
 Separation
 Status Change (Do not use to change an officer from full-time to part-time or vice versa - this requires an appointment)

**NOTICE OF APPOINTMENT/SEPARATION
PLEASE TYPE ONLY**

Illinois Law Enforcement Training and Standards Board
600 S. Second St. - Suite 300 - Springfield, IL 62704-2542
217/782-4540

NOTICE: The Board is requesting specific information that is necessary to accomplish the statutory requirements as outlined in Public Act 79-652 and Public Act 79-720. Disclosure of this information is **MANDATORY**. The Board could seek legal action against those agencies failing to disclose the required information.

2. Name - Last First Middle	3. Social Security Number - -	4. Date of Birth
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5. List all prior names used	6. Sex M F	7. Race AA AS CA HI NA	8. Highest Educ. Level Achieved HS SC A B M PhD
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9. Agency Name, Address and Phone Number (Must be completed in full)	10. Rank/Classification
	11. Date of Appointment/Status Change (mm/dd/yy)

12. The above named person's previous service as a peace/correctional officer was with

Name of Agency from (mm/dd/yy) to (mm/dd/yy)

APPOINTMENT INFORMATION

13. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Court Security <input type="checkbox"/> Coroner <input type="checkbox"/> State's Attorney <input type="checkbox"/> Other Has Completed: <input type="checkbox"/> LETSB Certified Law Enforcement Basic Training Course <input type="checkbox"/> LETSB Certified Correctional Basic Training Course <input type="checkbox"/> LETSB Certified Part-time Basic Training Course <input type="checkbox"/> LETSB Certified Mandatory Firearms Training Course	14. Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary w/Firearms <input type="checkbox"/> Auxiliary w/ Conservator of Peace Power
Other: <input type="checkbox"/> Trained out of state <input type="checkbox"/> Has NOT satisfied the basic training Requirement	

SEPARATION INFORMATION APPLICABLE TO CURRENT AGENCY

15. Reason for Separation: Resigned Retired Terminated for Cause Deceased Convicted of Criminal Offense Other (**Explain**)

Last date of employment with agency (mm/dd/yy): _____

COMMENTS

16. _____

ATTESTATION OF REPORTING OFFICIAL

17. I attest that the information provided on this form is true and correct, and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate this information.

Signature of Chief Agency Administrator Print Chief Agency Administrator's Name and Title Date

**INSTRUCTIONS FOR COMPLETION OF THE
NOTICE OF APPOINTMENT/SEPARATION FORM**

The Notice of Appointment/Separation form is to be completed and submitted to the BOARD prior to attendance at any Board Training Academy or MTU sponsored training course. This form must also be filled out if a person laterally enters or changes status within the same agency, or is separated from an agency that participates in the Board program. **If the officer has been trained while employed by another agency, a Request for Waiver of Minimum Training Standards must accompany this form.** The Appointing/Separating agency should retain a copy of the completed form for their records.

The Identification Information section of the form must always be completed, AND either Appointment Information section or Separation Information section as appropriate. PLEASE TYPE.

Instructions for Completing the Form:

1. Place an X in the appropriate space. NOTE: Status change refers to rank, name, etc. **it cannot be used to change an officer from full-time to part-time or vice versa. This requires a separation and an appointment.**

IDENTIFICATION INFORMATION (verifying agency records that this information is correct)

2. NAME: Enter the person's last name, first name and middle name.
3. SOCIAL SECURITY NUMBER: Enter the person's Social Security Number. This information will be used solely as the unique identifier for the person in processing appropriate Board records.
4. DATE OF BIRTH: Enter the person's date of birth (month, day, year) in numerical form (e.g., 07-12-68).
5. PRIOR NAMES USED: Enter any and all names the person has been known as (e.g., maiden or married names, and AKA's). If additional space is needed, list in space 16.
6. SEX: Circle M (male) or F (female).
7. RACE: Circle the person's race or ethnic background. This information will be used by the Board for statistical purposes only. AA= African American, AS= Asian/Oriental American, CA= Caucasian American, HI= Hispanic American, NA= Native American.
8. EDUCATIONAL LEVEL: (please circle highest completed course work HS= high school, SC= some college, A= Associates, B= Bachelors, M= Masters, PhD/JD= Doctorate).
9. AGENCY: Enter complete name of the appointing/separating agency and phone number of Administration office.
10. RANK/CLASSIFICATION: Enter the person's rank or classification (e.g., police officer, sheriff, sergeant, lieutenant, chief, etc.).
11. DATE OF STATUS CHANGE: Enter the month, day and year of actual appointment or change of peace/correctional officer status (e.g., auxiliary peace officer is appointed as a part time officer). For convenience, this space and space 10 may be used to advise the Board that the person is promoted or demoted (e.g., to the rank of sergeant, lieutenant, captain, etc.) and explain in space 16.
12. Enter the complete name of agency that the person last (previously) served as a peace/correctional officer, and the beginning and ending dates of service with that agency.

APPOINTMENT INFORMATION

13. Place an X in the appropriate space.
13. COMPLETION OF LETSB CERTIFIED LAW ENFORCEMENT BASIC TRAINING COURSE. Place an X here if appointee has successfully completed a Law Enforcement Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF LETSB CERTIFIED CORRECTIONAL BASIC TRAINING COURSE. Place an X here if appointee has successfully completed a Correctional Basic Training Course at one of the Board's authorized academies.
13. COMPLETION OF LETSB CERTIFIED PART-TIME BASIC TRAINING COURSE. Place an X here if appointee has successfully completed the Board's Part-Time Basic Training Course or the PEP program.
13. COMPLETION OF LETSB CERTIFIED MANDATORY FIREARMS TRAINING COURSE. Place an X here if appointee has successfully completed a Board certified firearms training course.
13. TRAINED OUT OF STATE. Place an X here if Individual received his law enforcement or corrections training out of state.
13. THE ABOVE-NAMED PERSON HAS NOT SATISFIED THE BASIC TRAINING REQUIREMENT. Place an X here if the appointee has not satisfied the basic training requirement; for example, the person is enrolled in a basic academy but has not graduated, or the person has been appointed as a peace officer but has not begun/completed basic training. Explain in space 16.
14. WORK STATUS. Place an X in the appropriate space. **NOTE: An Ordinance must be on file in the Board office for auxiliary officers that carry a firearm and for auxiliary officers that have conservator of the peace powers.**

SEPARATION INFORMATION

15. Place an X in the appropriate space for the reason of separation.
15. LAST DATE OF EMPLOYMENT: Enter the date of separation with your agency by month, day, year.

COMMENTS

16. Enter additional useful information that will clarify or supplement information provided in the Identification Information or Appointment Information sections.

ATTESTATION OF REPORTING OFFICIAL

17. The agency administrator must sign, print name and title, and date the Notice of Appointment/Separation form.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED	INSURERS AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$		
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
						MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	\$		
						PRODUCTS - COMP/OP AGG	\$		
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$		
						BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$		
						OTHER THAN AUTO ONLY: EA ACC	\$		
						AGG	\$		
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$		
						AGGREGATE	\$		
							\$		
							\$		
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATU-TORY LIMITS</td> <td style="width:50%;">OTH-ER</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	
WC STATU-TORY LIMITS	OTH-ER								
						E.L. EACH ACCIDENT	\$		
						E.L. DISEASE - EA EMPLOYEE	\$		
						E.L. DISEASE - POLICY LIMIT	\$		
		OTHER							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Southwestern Illinois Law Enforcement Commission

700 North Fifth Street * Belleville, IL 62221
Phone (618) 277-1550 * Fax (618) 277-1553 * Email: office@silec.org
Roger A. Richards, Director

APPLICATION FOR MANDATORY FIREARMS TRAINING
PUBLIC ACT 79-652

Name of Applicant:
Applicant Phone #:
Date of Birth: Social Security #:
Employment Status: Full-time: Part-time: Auxiliary:
Date of Appointment: Hourly Rate (for Full & Part-time): \$
Name of Department:
Department Address:
Department Phone #:
Make & Model of Duty Weapon:

I certify that the above named applicant is a police officer of the named department for the City/County of
and that the applicant will attend the Mandatory Firearms Training
Course on

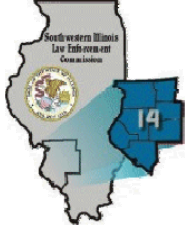
The City or County assumes all liability and relieves the Southwestern Illinois Law Enforcement Commission, Mobile
Team Unit #14, the Illinois Law Enforcement Training and Standards Board, all sponsoring agencies, and all participating
instructors from all legal responsibility due to any part of this training.

Application must
be received 21
days prior to start
of training

SIGNATURE
(Chief/Sheriff, Mayor, Village Board President,
County Board Chairman)

Important Notice!!!
Student enrollment WILL NOT be considered without ALL of the following:
This completed Application, and
A copy of completed Form E, and
Certificate of Liability Insurance from officer's department.

Return to: Southwestern Illinois Law Enforcement Commission, MTU #14
700 North Fifth Street
Belleville, IL 62221



**SOUTHWESTERN ILLINOIS LAW ENFORCEMENT COMMISSION
MOBILE TEAM TRAINING UNIT #14**

**40 HOUR
MANDATORY FIREARMS TRAINING**

*Pursuant to Public Act 87-182 and the rules of ASSIST #14's Advisory Board each applicant will be subject to a criminal history background investigation. The investigation will be conducted by member agencies of MTU#14 at the direction of the ASSIST #14 Advisory Board Chairman or Vice Chairman. The Director of MTU#14 will provide the Chairman or Vice Chairman a copy of all applications. Final approval of the application will be determined by the results of this background investigation. (Arrest without a conviction may result in denying a candidates acceptance into this course.) This rule does not negate the nominating agency's responsibility of conducting a criminal and character background investigation prior to submitting this application. All applications must be signed by applicant and the head of the agency. **APPLICATIONS MUST BE RECEIVED 10 WORKING DAYS PRIOR TO START OF MFT! - NO EXCEPTIONS!***

STATEMENT OF APPLICANT

Under penalty of perjury, decertification, and disqualification, I certify that I have no felony arrests or convictions or crimes involving moral turpitude.

Date

Applicant's Signature

Name and address of agency

Applicant's address

**Criminal and Character Background
Investigation Statement of Agency**

The above applicant has been subject 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 thus far revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good moral character.

Date

Authorized Signature of Appointing Authority

**THIS FORM MUST BE SIGNED ON BEHALF OF APPOINTING AUTHORITY.
(HEAD OF AGENCY'S SIGNATURE REQUIRED)**