

## South Carolina Criminal Justice Academy Certification & Compliance P.O.S.T. Letter



Date:			
P.O.S	.T. Director Name: .T. Agency Name: ess:		
	State/Zip:		
Re:		SSN:	DOB:
Dear		,	
officer			aw enforcement or detention/corrections  (Police or Sheriff's Office) in South from your state
In sup	port of the South Carolina Law	Enforcement Training Act, Se	ection 23-23-60, the state of South ess the candidate's application:
>	On what date was the above named individual certified as a law enforcement or detention/corrections officer in your state?		
>	Is he/she still serving as a law enforcement or detention/corrections officer in your state, if not, when did he/she separate or terminate employment?		
>	Is he/she currently eligible to serve as a law enforcement or detention/corrections officer in your state?		
>	Was he/she ever decertified misconduct?		ntion/corrections officer due to
I certif	y that there is no reason to der	ny certification in South Caroli	na.
Print Name:		Signature:	
Title:		Date:	
the ab		certification process. Please	below. Your prompt response will allow contact the Certification & Compliance
	is J. Swindler of - J. Swindler, Jr.		

5400 Broad River Road, Columbia, South Carolina 29212-3540 Phone: (803) 896-7802 Fax: (803) 896-7803