



JUSTICE AND
PUBLIC SAFETY CABINET

The Department of Criminal Justice Training

VEHICLE OPERATIONS INSTRUCTOR TRAINING APPLICATION

NAME: _____ Phone number: _____

AGENCY: _____ Phone number: _____

Number of officers with the agency: _____

Does your agency currently have a Vehicle Operations Instructor? Yes/No
If yes, how many _____

Will you be replacing an instructor, increasing number of instructors or establishing a Vehicle Operations program at your agency? _____

Please describe you agency's annual Vehicle Operations training: (attach additional pages if needed) _____

Applicant Background

Years in Law Enforcement: _____ Years with current agency: _____

Military Service: Yes/No Branch of Service: _____ MOS: _____

Law Enforcement Training (please list defensive driving and/or other driver training)

Name: _____ Date: _____ Hours: _____

Name: _____ Date: _____ Hours: _____

Name: _____ Date: _____ Hours: _____

Applicant Readiness

I certify that I do not have any medical issues that will prevent my full participation in the Vehicle Operations Instructor course. I understand that I will be instructed to demonstrate numerous physically demanding events without assistance.

Applicant Signature: _____ Date: _____



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Executive Statement of Commitment

I understand my nomination of this individual to attend the Vehicle Operations Course includes a commitment that the applicant will coordinate annual Vehicle Operations training at the agency upon successful completion of the course.

Name and Title: _____ Email address: _____

Chief Executive's Signature: _____ Date: _____