



**POLICE OFFICER STANDARDS AND TRAINING COUNCIL**  
**285 PRESTON AVENUE**  
**MERIDEN, CT 06450**  
**CERTIFICATION DIVISION**  
**TEL: 203-427-2606**  
**FAX: 203-238-6643**



**Comparative Certification Training Completion Form**

I certify, that on \_\_\_\_\_ Comparative Certification  
 Candidate \_\_\_\_\_ completed all  
 training as assigned by the Police Officer Standards and Training Council during  
 its meeting on \_\_\_\_\_. I request that the above Candidate be  
 certified as a Police Officer in the State of Connecticut.

**\*\*\*\*PLEASE ATTACH PROOF OF TRAINING FOR EACH BLOCK OF TRAINING WITH  
 THIS FORM\*\*\*\***

**I have read and signed this form and attest that the information provided herein is true  
 and accurate to the best of my knowledge. I understand that intentionally making a  
 false written statement that I do not believe to be true with the intent to mislead a  
 public servant in the performance of their official functions on a form bearing this  
 notice is punishable by law. False Statement in the 2<sup>nd</sup> degree, under Connecticut  
 General Statute § 53a-157b, is a class A Misdemeanor.**

\_\_\_\_\_  
 Chief or Designee's Signature

\_\_\_\_\_  
 Print Name and Rank

\_\_\_\_\_  
 Department

\_\_\_\_\_  
 Date