



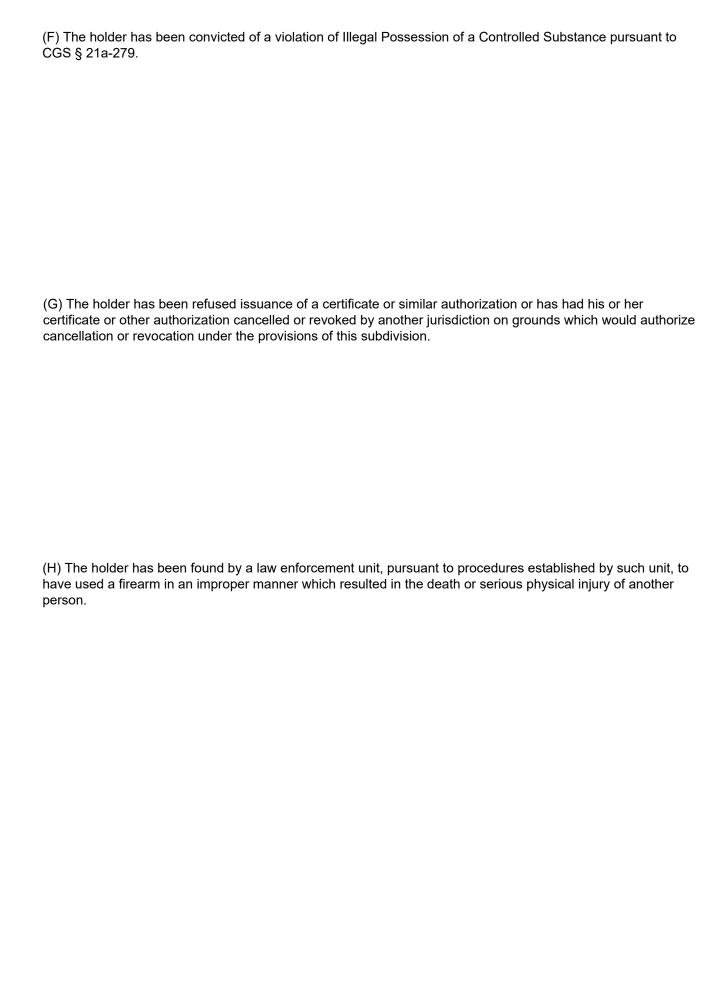
## DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION

## POLICE OFFICER STANDARDS & TRAINING

## **Certification Cancellation, Revocation or Suspension Request Form**

Department:		Date:
l,		, (NAME AND RANK) do herby
request POSTC to review the ac	ccompanying material in support of this	request to determine the applicability
of Connecticut General Statutes	s § 7-294d(c)(2) for cancellation, revoca	tion, or suspension of the certification
of:		
NAME:		
HOME ADDRESS:		
RANK:	D.O.B.: ID EXPIRATION DATE:	
POST ID#:	ID EXPIRATION DATE:	
certification of the above-name CGS § 7-294d(c)(2):	ed individual should be reviewed for a vi	olation of the following provision of
	please state in reasonable detail the <u>far</u> see attached documentation" as a subst	
please list each incident separa	that apply. If there is more than one gr ately, providing specific dates and page c time stamps in audio and visual mater	citations to the supporting
(A) The certificate was issu	ued by administrative error.	

(B) The certificate was obtained through misrepresentation or fraud.
(C) The holder falsified any document in order to obtain or renew any certificate.
(D) The holder has been convicted of a felony. (Attach docket number, charges, disposition, and date).
(E) The holder has been found not guilty of a felony by reason of mental disease or defect pursuant to Section 53a-13. (Attach docket number, charges, disposition, and date).

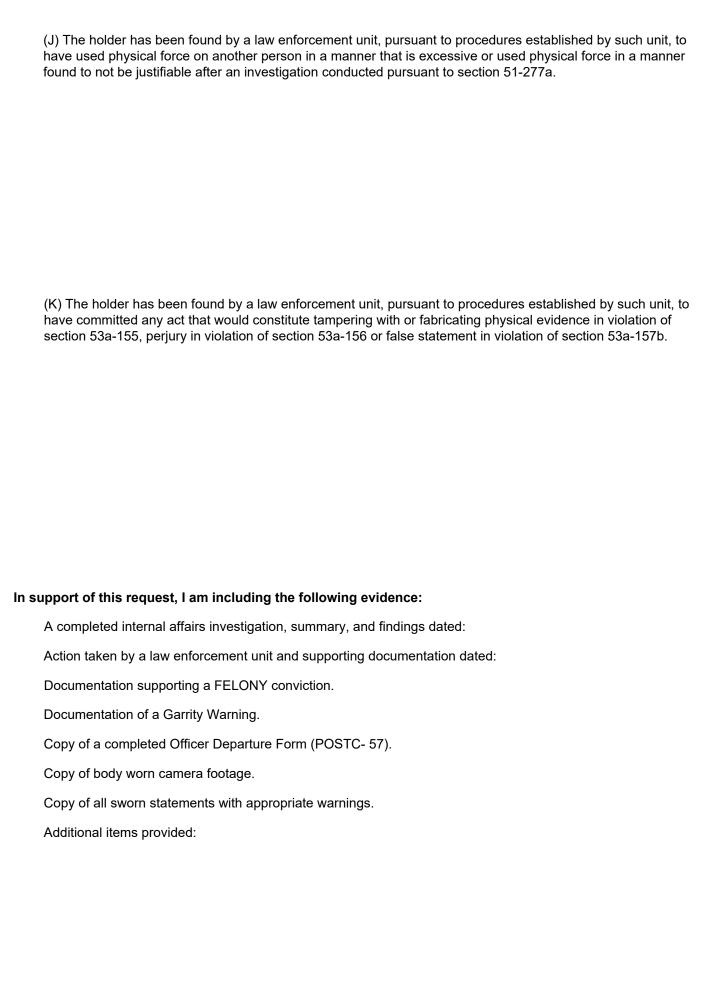


(I) The holder has been found by a law enforcement unit, pursuant to the procedures established by such unit and considering guidance developed under subsection (g) of this section, to have engaged in conduct that undermines public confidence in law enforcement. Please check all categories below that apply to undermines public confidence. Further as required by §7-294e-11(b) and GN 20-09. Must state in reasonable detail the facts and conduct that led to this request in the space provided below.

If there is more than one ground for requesting the revocation, list each incident separately, providing specific dates and page citations to the supporting documentation and/or the specific time stamps in audio and visual materials.

Falsification of reports or	
a violation of the Alvin W. Penn Racial Profiling Prohibition Act pursuant to sections 54-1l and 54-1n	1
Discriminatory Conduct	

Abuse of Power	
Failure to Intervene	
Untruthfulness and lack of integrity	
Other	



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 pursuant to Connecticut General Statute §53a-157b, False Statement in the 2nd degree, a class A Misdemeanor.

Signature of Chief Law Enforcement Officer*	DATE
PRINT NAME of Chief Law Enforcement Officer*	

<sup>\*</sup> POSTC-55 MUST be completed by Chief Law enforcement Officer, Chief Executive Law Enforcement or Acting Chief Law Enforcement Officer only, no designee.