STATE OF CONNECTICUT
POLICE OFFICER STANDARDS AND TRAINING COUNCIL

Police Officer Recertification Form

Department Name			Date
Name	**POST ID#**	**Name**	**POST ID#**

I have read and signed this form and attest that the information provided herein is true and accurate to the best of my knowledge. The above listed officers have completed all recertification requirements established in Public Act 20-1 and all training requirements as required by the Police Officer Standards and Training Council Regulations 7-294e. All training and recertification files are available for inspection at any time. 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 2nd degree, under Connecticut General Statute § 53a-157b, is a class A Misdemeanor. If I am a certified Police Officer in the State of Connecticut falsification will also result in my decertification as an officer.

☐ **All officers listed above have met both the training and Public Act 20-1 requirements, including a urinalysis drug test that screens for controlled substances, including, but not limited to anabolic steroids with a result that indicates no presence of any controlled substance not prescribed for the officer.**

Officer's/Preparer's Signature _____

Print Name and Rank _____