

Kentucky Law Enforcement Council



Funderburk Building
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Richmond, KY 40475

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Email: klecs@ky.gov
Web: https://klecs.ky.gov

Request for Additional Certification

Personal Information

Full Name:	Social Security Number:
Date of Birth:	Rank:

Academy Information ***

Agency Name:	Agency Address:
City/State/Zip:	Email:
Work Phone:	Cell Phone:

***** If Not Working for an Academy, Use Law Enforcement Agency Information**

Additional Certification Requested in the Following Area(s):

Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

Documentation:

The following items must be attached to support the request for additional certification.

(Check when attached)

Certificate/Diploma/Transcript

Course Curriculum/Schedule

Recommendation from Chief/Training Director

First Aid/CPR (Required for all Skills Areas)

CPR/First Aid Certification required for all Skills Areas

Endorsement:

ENDORSEMENT BY APPROVED TRAINING ACADEMY DIRECTOR

Each request must be signed by the Director of an approved KLEC Training Academy. I hereby certify the above named individual has met all requirements to make application for Additional Certification.

TRAINING ACADEMY DIRECTOR'S SIGNATURE

DATE