



STATE OF TENNESSEE  
**PEACE OFFICER STANDARDS AND TRAINING COMMISSION**  
3025 LEBANON ROAD  
NASHVILLE, TENNESSEE 37214-2217  
PHONE: 615-741-4461 - FAX: 615-532-0502

## Substitution of Basic Training (Transition Waiver Request Form)

Please complete before printing/submitting

Agency's name: \_\_\_\_\_

Agency's address: \_\_\_\_\_

Date of request: \_\_\_\_\_ Officer's PSID #: \_\_\_\_\_ Officer's DOB: \_\_\_\_\_

Officer's full legal name: \_\_\_\_\_

Officer's date of employment: \_\_\_\_\_

(For the information below, please include a separate sheet if necessary)

Name of Academy attended: \_\_\_\_\_

Academy hours received: \_\_\_\_\_ Academy graduation date: \_\_\_\_\_

Officer's last date of law enforcement employment: \_\_\_\_\_

Officer's previous law enforcement employment:

Agency: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Agency: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Agency: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Agency Head or General Departmental Instructor submitting request

\_\_\_\_\_  
Signature of Agency Head or General Departmental Instructor submitting request

If the applicant is from another state, the following items must be submitted as an attachment with this form:

1. Basic Academy Syllabus (with number of academy hours listed)
2. Copy of Law Enforcement Certification (certificate or letter of verification from certifying state)