

DIVISION OF JUSTICE AND COMMUNITY SERVICES
LAW ENFORCEMENT PROFESSIONAL STANDARDS (LEPS) SUBCOMMITTEE
1124 Smith Street – Suite 3100
Charleston, WV 25301-1323

APPLICATION – REACTIVATE CERTIFICATION

Individuals previously certified as a law enforcement officer in the State of West Virginia shall utilize this form when their certification has become inactive due to separation from a law enforcement agency. An original version of this form must be submitted to the staff of the LEPS Subcommittee.

OFFICER'S NAME: _____
 LAST FIRST MIDDLE

Officer Identification Number _____ - _____ DOB: ____/____/____



West Virginia Law Enforcement Agency with which you were most recently employed:

Agency Name

Reason for Leaving Most Recent Last Law Enforcement Employer:

RETIREMENT: EFFECTIVE DATE : ____/____/____

_____ In good standing _____ In lieu of termination _____ While under investigation

Comments _____

RESIGNATION: EFFECTIVE DATE : ____/____/____

_____ In good standing _____ In lieu of termination _____ While under investigation

Comments _____

TERMINATION: EFFECTIVE DATE : ____/____/____

Comments _____

CRIMINAL CHARGES PENDING OR BROUGHT:

DATE : ____/____/____ Court: _____

Comments _____



West Virginia Law Enforcement Agency to which you are seeking employment:

Agency Name

Effective Date : _____/_____/_____

NOTE: Employing agency must complete and submit Change-In-Status reflecting employment in addition to this form being completed

In accordance with WV Code §30-29-11(d); by affixing your signature to this form, the applicant named herein does authorize the Law Enforcement Professional Standards (LEPS) Subcommittee or its designee the release of his or her personnel file from the law-enforcement agency with which they were most recently employed and affirms that the information provided on this form is true and correct.

Signed by: _____/_____
Printed Name Signature

Email address

(_____) _____

Phone Number

Ext _____

STATE OF WEST VIRGINIA

COUNTY OF _____

Taken, Subscribed and Sworn to Before Me This _____ Day of _____ 20_____.

My Commission Expires _____.

Revised 15 Jan 13

Notary Public