

FORM
CJ 1272

REV
03/2015



REQUEST FOR CERTIFICATES

RESERVE ACADEMY

WASHINGTON STATE
CRIMINAL JUSTICE TRAINING COMMISSION
19010 1st AVE S
BURIEN, WA 98148
PH: (206) 835-7322
FAX: (206) 835-7926

Allow at least 21 days between submission of this request and scheduled Academy graduation date.

Name of Reserve Academy:

Location:

INFORMATION TO BE INCLUDED ON CERTIFICATES:

Number of Training Hours:

Date of Issuance (mm/dd/yyyy):

NAMES - As they appear on their birth certificate

	Last	First	MI	Agency
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(Use additional sheet if necessary)

I hereby request that the Training Commission prepare and provide a basic reserve certificate in each of the names above.

Requester:

Date:

Address which certificates should be mailed, if not hand delivered:

Department:

Street

City

Zip: