

**MINNESOTA BOARD OF PEACE OFFICER  
STANDARDS AND TRAINING**

1600 UNIVERSITY AVENUE, SUITE 200  
ST. PAUL, MN 55104-3825

APPLICATION FOR RENEWAL – RETURN WITH PAYMENT

OF: **PEACE OFFICER LICENSE NO:** \_\_\_\_\_ **CREDIT REQUIRED:** \_\_\_\_\_

FOR: \_\_\_\_\_

**By signing and dating this application, I verify I have completed the required number of continuing education credits and may be subject to a future review of my CE documentation.**

**EXPIRATION DATE: 6/30/2015**

**RENEWAL FEE:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**MAKE CHECK PAYABLE TO: POST BOARD**

MAKE NAME OR ADDRESS CHANGES ON THIS APPLICATION

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