



MINNESOTA BOARD OF  
PEACE OFFICER STANDARDS AND TRAINING  
1600 UNIVERSITY AVENUE, SUITE 200  
SAINT PAUL, MINNESOTA 55104-3825

TEL: (651) 643-3060  
FAX: (651) 643-3072  
www.post.state.mn.us

## APPLICATION FOR RECIPROCITY EXAMINATION MILITARY POLICE BACKGROUND

Please read the data practices advisory on back before submitting. Print or type the information requested. The application and a non-refundable \$105.00 fee must be submitted **at least two weeks in advance of the date you wish to take the exam.**

### I. PERSONAL DATA

Applicant's Name (Last, First, Middle):		SSN:
Street Address, City, State, Zip:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone: (     )

### II. PLEASE CHECK THOSE WHICH APPLY: (The following terms have been defined in the memo accompanying this application.)

Yes  No

- Four years of cumulative experience in a law enforcement occupational specialty (1000 calendar days in Guard or Reserve time)  
**OR**
- at least two years cumulative experience in a law enforcement occupational specialty (500 calendar days in Guard or Reserve time) **plus** a degree from a regionally accredited postsecondary institution  
**OR**
- experience as a full-time peace officer in another state combined with cumulative service experience in a military law enforcement occupational specialty totaling four years

Yes  No 2. Do you have a post-secondary degree? If yes, is it an Associate's, a Bachelor's or a graduate degree? \_\_\_\_\_

Yes  No 3. Have you ever been issued a license by the Minnesota POST Board?

### III. ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. Copy of your military Form 438 or **DD-214**; or active duty Pay & Leave Statement or a DOD Manpower Data Center status report; or Military Personnel Center assignment information providing service time in a military police specialty.
2. Post-secondary degree diploma or transcript, if applicable. (Do not send continuing education or refresher certificates.)
3. A non-refundable exam fee of \$105.00 (payable to POST Board).

Incomplete applications will be returned without being processed. You will be notified by letter when your application has been approved. Upon approval, please call the POST Board at (651) 643-3060 to schedule a date to take the examination. The exam is administered on Tuesdays at 9:00 a.m. at the POST Board's office by appointment only.

**IV. CRIMINAL CONVICTION DATA VERIFICATION**

Minn. R. 6700.0700, subpart 1, F (3), precludes certain individuals from licensure if convicted of any felonies or any of the following crimes or equivalent as an adult.

It is necessary that you provide the information requested below accurately. Conviction of any of the crimes listed below will disqualify an applicant for eligibility.

- Yes**  **No** Have you been convicted of a felony since you became 18 years old?
  
- Yes**  **No** 609.224 Assault in the fifth degree
- Yes**  **No** 609.2242 Domestic Assault
- Yes**  **No** 609.23 Mistreatment of persons confined
- Yes**  **No** 609.231 Mistreatment of residents or patients
- Yes**  **No** 609.2325 Criminal Abuse (vulnerable adult)
- Yes**  **No** 609.233 Criminal Neglect (vulnerable adult)
- Yes**  **No** 609.2335 Financial Exploitation (vulnerable adult)
- Yes**  **No** 609.234 Failure to report (maltreatment of a vulnerable adult under Minn. Stat. 626.557)
  
- Yes**  **No** 609.324 Other prohibited acts (prostitution related)
- Yes**  **No** 609.465 Presenting false claims
- Yes**  **No** 609.466 Medical assistance fraud
- Yes**  **No** 609.52 Theft (Including petty crimes)
- Yes**  **No** 609.72 Subd. 3 Disorderly conduct (re: vulnerable adult)
- Yes**  **No** 243.166 Registration of predatory offenders
- Yes**  **No** 243.167 Registration under the predatory offender registration law for other offenses
- Yes**  **No** Have you ever been convicted of any of the crimes listed above in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota? (If yes, include full details on a separate sheet of paper and attach to this form.)

**V. AFFIRMATIONS AND SIGNATURES.**

- I affirm that the information on this application is true and complete to the best of my knowledge. All statements made on this application are subject to review and verification.
- I have read the statement on the use of data collected on this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(02/15)

## **Use of Data Collected by the POST Board on This Application Form**

This application is used to assist the POST Board (POST) in determining your eligibility to take the Reciprocity Licensing Examination.

If you are granted licensure, the information you provide on this application is considered public data pursuant to Minn. Stat. 13.41, subd. 5. The public data will be available to any one who makes a request for the data.

While your application, once you have obtained licensure, is considered public data, certain information on that form cannot be released. That information includes:

1. Your social security number, which is protected by federal law and Minn. Stat. 13.355;
2. Your home address, which is classified as private data under Minn. Stat. 13.41, subd. 3; and
3. The name of the state agency, statewide system, or political subdivision that employs you as a licensed peace officer, which is classified as private data under Minn. Stat. 13.41, subd. 3.

If you apply for licensure, but do not receive a license, only your name is considered public data under Minn. Stat. 13.41, subd. 2 and 3.

You are not legally required to provide any of the requested information; however, if you do not, we will be unable to process your application and you will not be eligible to take the Reciprocity Licensing Examination.