



Minnesota Board of Peace Officer Standards and Training

1600 University Avenue
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Saint Paul, MN 55104-3825
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www.post.state.mn.us

Application For License Restoration Examination Expired More Than Three Years

If MORE than three years have passed since your license expired, you must apply to take the License Restoration Exam to be eligible for work as a Minnesota peace officer.

Please read the included data practices advisory before submitting this application.

To restore your license, Minnesota POST Board Rules require you to:

1. Complete and sign this form.
2. Pay the non-refundable, expired license restoration fee of \$125.00 and the non-refundable examination fee of \$105.00 (make ONE check or money order in the amount of \$230.00 payable to POST Board).
3. Return this application and the required fee to the Minnesota POST Board.
4. Pass the Peace Officer Licensing Exam.

Applicant's Name (Last, First, Middle)		Minnesota POST License Number
Address		Social Security Number
City, State, Zip Code	Email	Contact Number ()

REQUEST FOR TESTING ACCOMMODATION

If you have a disability requiring a testing accommodation contact the Minnesota Board of Peace Officer Standards and Training and obtain a "REQUEST FOR TESTING ACCOMMODATION" form.

Have you ever had your peace officer license, certificate, or federal equivalent suspended or revoked? **Yes:** **No:**

CRIMINAL CONVICTION DATA VERIFICATION

Minnesota Rules 6700.0700 subpart 1. F. (3), precludes licensure of individuals convicted as an adult of any felony or any of the following crimes or their equivalent as an adult.

If your answer to any of the following questions is yes, do not submit this form. You are ineligible to take the licensing examination.

Have you ever been convicted of:	Yes	No
Any felony	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.224 - Assault in the Fifth Degree	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.2242 - Domestic Assault	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.23 - Mistreatment of Persons Confined	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.231 - Mistreatment of Residents or Patients	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.2325 Criminal Abuse (Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.233 - Criminal Neglect (Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.2335 - Financial Exploitation (Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.234 – Failure to Report (Maltreatment of a vulnerable adult under MSS 626.557)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.324 – Other Prohibited Acts (Prostitution related)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.465 – Presenting False Claims	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.466 – Medical Assistance Fraud	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.52 – Theft (Includes petty crimes, NOT petty misdemeanors)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.72 Subdivision 3 – Disorderly Conduct (RE: Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 243.166 – Registration of Predatory Offenders	<input type="checkbox"/>	<input type="checkbox"/>
MSS 243.167 – Registration under the Predatory Offender Registration Law for other offenses	<input type="checkbox"/>	<input type="checkbox"/>
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 complete details on a separate sheet of paper and attach to this application)	<input type="checkbox"/>	<input type="checkbox"/>

- I affirm the information on this application is true and correct to the best of my knowledge (All statements made on this application are subject to review and verification)
- I have read the data practices advisory included with this application.
- I understand that data provided on this application will be shared with the exam vendor for purposes of administering/processing the exam and I consent to the use of that data for that purpose.
- I authorize the POST Board to investigate the information to determine eligibility for restoration of my license.

Applicant's Signature	Date

Note: You will be notified by email when your application is approved after which you will be able to confirm a testing date. An incomplete application cannot be processed and will be returned for completion.

Data Practices Advisory

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

This application is used to assist the POST Board in determining your eligibility to restore your license.

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 anyone 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 restore your license.