

Minnesota Board of Peace Officer Standards and Training

1600 University Avenue
Suite 200
Saint Paul, MN 55104-3825
(651) 643-3060 • Fax (651) 643-3072
www.post.state.mn.us

Application For Restoration Of Expired Peace Officer License Expired Less Than Three Years

If less than three years has passed since your license expired and you are now intending to go back to work as a peace officer, you need to submit this application for restoration.

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 (make check or money order payable to POST Board).
3. Complete and document 48 hours of continuing education (use the enclosed form to document continuing education courses).
4. Return this application, the required fee and continuing education documentation to the Minnesota POST Board. Do not return this form until you have completed all of the requirements listed above for license restoration. Missing or insufficient documentation will stop all processing of your application.

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

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

CRIMINAL CONVICTION DATA VERIFICATION

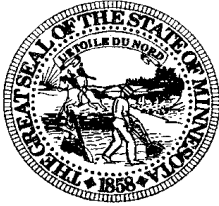
Minnesota Rules 6700.0700 subpart 1. F. (3), precludes licensure of individuals convicted as an adult of any felony or any of the following crimes or their equivalent as an adult.

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

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 authorize the POST Board to investigate the information to determine eligibility for restoration of my license.**

Applicant's Signature	Date



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Documentation of Continuing Education Credit For Restoration Of Peace Officer License

Please complete this form and return it to the POST Board along with: 1) the application and fee for license restoration, 2) proof of successful completion of training, and, 3) course outline or syllabus. **Use one form for each course submitted.**

Applicant's Name (Last, First, Middle)	License Number
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Course Title:	Course Date(s):
Course Sponsor:	Instructor Name:
Hours of Credit requested for this course:	Course Time(s):
Was this course POST approved? YES <input type="checkbox"/> NO <input type="checkbox"/>	If POST approved, enter the course number here:
Course Outline/Agenda Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>	Proof of Successful Completion Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
If the course was not POST approved, please include a description of how the course is law enforcement related and promotes professional peace officer competence.	

Conditions of restoration:

- 1) Restoration must be completed within three years of the license expiration date or the licensee will need to contact POST to get information regarding restoration. Restoration of a license beyond the three year expiration date will require taking and passing the State Peace Officer Licensing Examination.
 - 2) Credits submitted over the number required for restoration will not count towards the licensees next renewal cycle.
 - 3) Applicants whose licenses are restored will only have from the date of restoration to the date of the next normal renewal cycle to earn 48 hours of credit. They will not have a full three years.
- **I affirm that the information on this form is complete and accurate and that I did successfully complete each of the courses listed.**

Applicant's Signature	Date
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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.