



Commonwealth of Virginia
Virginia Department of Criminal Justice Services

Application for Instructor Reinstatement (Form IC-2)

Please submit this form to your DCJS Field Services Coordinator

Name: (Last, First, Middle Initial)	Social Security Number:
Agency/Department:	Date of request:

Identify the type of Instructorship for which application for reinstatement is being submitted

<input type="checkbox"/> General	<input type="checkbox"/> Speed Measurement – RADAR
<input type="checkbox"/> Firearms	<input type="checkbox"/> Speed Measurement – LIDAR/RADAR
<input type="checkbox"/> Defensive Tactics	<input type="checkbox"/> Speed Measurement – LIDAR
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Standardized Field Sobriety Test

By submission of this application, the agency and academy requesting reinstatement of certification of the above named individual as a criminal justice instructor is attesting to compliance with the requirements of the "Rules Relating to Certification of Criminal Justice Instructors" to include all employment, training and apprenticeship requirements. Specifically, the Agency Administrator or Designee of the employing agency is attesting that the applicant meets all employment requirements and requesting that the applicant be certified as an instructor. The certified academy director is responsible for maintaining documentation of completion of training and completion of the apprenticeship on file for inspection and review purposes during academy re-certification.

Attested to: _____ **Date:** _____
Certified Academy Director Signature

Certified Criminal Justice Academy: _____

Certification Requested by: _____
Agency Administrator or Designee Signature

Employing Agency: _____

Contact Person: _____ **Phone:** _____
Please print

Email Address: _____ **Fax:** _____

DCJS Approval: _____ **Date Entered:** _____



APPRENTICESHIP AUTHORIZATION

Applicant's Name _____

Academy/Approved Training Location _____

Apprenticeship Completed _____

Total number of instruction hours (minimum 4) _____

Name of Evaluator (Print) _____ Agency _____

Signature of Evaluator (Certified Instructor) _____ Date _____

Apprenticeship must be completed before the Academy Director can approve application.

Note: Evaluator must be a certified DCJS Instructor, who passes at least three years of experience as an instructor in the topic of apprenticeship instruction.