



**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)**

**Full 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   |  |

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: \_\_\_\_\_  
*Certified Academy Director Signature*

Date: \_\_\_\_\_

Certified Criminal Justice Academy: \_\_\_\_\_

Certification Requested by: \_\_\_\_\_  
*Agency Administrator or Designee Signature*

Employing Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
*Please print*

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

DCJS Approval: \_\_\_\_\_

Date Entered: \_\_\_\_\_



## APPRENTICESHIP AUTHORIZATION

Academy/Approved Training Location \_\_\_\_\_

Date 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.