



Commonwealth of Virginia  
Virginia Department of Criminal Justice Services

## Application for Instructor Certification (Form IC-1)

Please submit this form to your DCJS Field Services Coordinator

Name: (Last, First, Middle Initial)

Social Security Number:

Agency/Department:

Date requirements were completed:

### Type of Instructor Certification Requested

Initial Certification

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

General

Firearms

Defensive Tactics

Driver Training

Speed Measurement – RADAR

Speed Measurement – LIDAR/RADAR

Speed Measurement – LIDAR

Standardized Field Sobriety Test

Senior - Standardized Field Sobriety Test

By submission of this application, the agency and academy requesting 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: \_\_\_\_\_