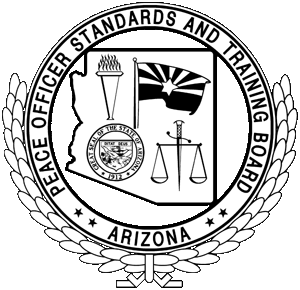
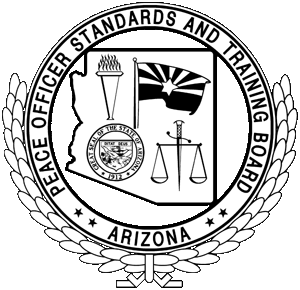
**REQUEST FOR**

**AZPOST CERTIFICATION RECORD**

Your record will include your Certification Status, AZPOST Case History, AZPOST Audit History, Appointment History and Basic Training History. AZPOST does **NOT** maintain in‐service training records. You must contact your previous law enforcement agency for these records.

To obtain a copy of your AZPOST Certification Record, please complete this form and include a copy of your driver’s license. **(Please type or print)**

I am requesting a copy of my AZPOST certification.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request:** |  | | |
| **\* Last Name:** |  | | **\* First**  **Name**: |  | | **\*Middle Name**: | |  |
| (Please use full names above, not initials) | | | | | | | | |
| **\* Email**: |  | | | | |  | |  |
| (If we need additional information) | | | | | | | | |
| **\* Date of Birth:** | |  | | | **\* Social Security Number:** | |  | |

|  |
| --- |
|  |
|  |
|  |

**YOUR CERTIFICATION RECORD WILL BE EMAILED TO YOU AT THE EMAIL ADDRESS YOU PROVIDED. IF YOU WANT IT U.S. MAILED, INDICATE BELOW.**

**Please send my information to me at:**

**(I understand this method will take longer)**

**Signature \*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­

**\* indicates required information**

Your signed request may be submitted by one of the following methods:

\* Emailed to [sandys@azpost.gov](mailto:ithelp@azpost.gov)

\* U.S. mailed to:

AZPOST

ATTN: Sandy Sierra

2643 E. University Drive

Phoenix, AZ 85034

AZPOST will attempt to complete a request within 2-3 business days after receiving the request.

**Incomplete requests will be returned for further information.**

(AZPOST CR Form ‐ November 2018)