



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Application Checklist</b>	
<i>Check off each block to ensure you submit a complete application.</i>	
Demographics – Page 1 Personal History Release – Page 2 Candidate Agreement & Photograph – Page 3 Birth & Citizenship Verification – Page 4 Education – Page 5 Military – Page 6	Law Enforcement History – Page 7 Driver History – Page 8 Criminal History – Page 9 Fingerprints/Petitioner Attestation – Page 10 Physician’s Affidavit – Pages 11-14

<b>Document Checklist</b>	
<i>Check off the block for each document you submit with your application.</i>	
Birth Certificate Naturalization Papers - <u>Must</u> be accompanied by: Notarized/Written Statement (See Appendix A2) High School Diploma/GED/Homeschool Affidavit (See Appendix A3 or A4) Electronic Fingerprint Receipt for Georgia Applicant Processing Service	DD214 Form Discharge <u>Explanation</u> Driver History Letters of Support Court Documents/Police Reports Other: _____ Signed/Dated Statement(s) that Gives Reason(s) for Reconsideration

<b>Appendix Checklist</b>	
<i>Check off the block for each appendix page you submit with your application.</i>	
Additional Names – A1 Citizenship Verification Statement – A2 Homeschool Affidavit – A3 Homeschool Affidavit, Parent/Guardian Deceased – A4 Additional Education – A5	Additional Military – A6 Additional Law Enforcement History – A7 Additional Driver History – A8 Additional Criminal History – A9

**CHECKLIST MUST BE RETURNED WITH APPLICATION**

Petitioner’s Full Name:

Rev. Oct 2025

Checklist

Petitioner’s Initials:



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Petitioner Demographics</b>		
<i>Last Name</i>	<i>Candidate's Position</i>	
<i>First Name</i>	Petitioner	
<i>Middle Name</i>		
<i>Maiden Name</i>	<i>Suffix</i>	
<i>Social Security Number</i>	<i>Date of Birth (mm/dd/yyyy)</i>	
<i>Email Address</i>	<i>Phone Number</i>	
<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Race</i>	<i>Sex/Gender</i>	
<i>Height</i>	ft.                      in.	<i>Weight</i> lbs.
<i>Hair Color</i>	<i>Eye Color</i>	
<i>Education (Indicate your highest level of education that documentation is provided for in this application.)</i>		
<i>Are you a citizen of the United States?</i>		
YES		NO

<b>Employment Information</b>	
<i>Are you currently employed with a law enforcement agency?</i>	<i>What is your position with this agency?</i>
YES                      NO	
<i>Current Employer</i>	<i>Current Employer's Phone Number</i>
<i>Contact Person at Current Employer</i>	
<i>Contact Person's Email Address</i>	

Petitioner's Full Name:

Rev. Oct 2025

Petitioner's Initials:



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Personal History Release

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; the records of the U.S. Department of Defense including any military records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photo copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Maiden Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>

*Petitioner's Signature (Including maiden name.)*

*Date*

*Notary Public Signature*

*Date*

Petitioner's Full Name:

Rev. Oct 2025

2 of 14

Petitioner's Initials:



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Petitioner Agreement & Photograph

Please read and sign. Your signature acknowledges your acceptance and understanding of this agreement.

I, \_\_\_\_\_,

(Full Name of Petitioner – First, Middle, Last)

if approved for reinstatement or reconsideration, agree to obey all rules and regulations, and understand that I am subject to dismissal from any training academy for any infractions or failure to achieve the scholastic standard set by the Georgia Peace Officer Standards and Training (POST) Council. I further certify that I am in good health, physically fit, and of good moral character and release the Georgia POST Council, the Department of Public Safety, the Georgia Public Safety Training Center, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.

*Petitioner's Signature*

*Date*

**Place  
Photograph  
Here**

(Photograph must fit  
inside the box.)



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Birth &amp; Citizenship Verification</b>		
Does your name match the name on your birth certificate?      YES      NO If <b>NO</b> , please list all names you have had since birth and explain any discrepancies (adoption, marriage, name change, etc.). Documentation for a name change for anything <u>other than marriage</u> <b>MUST</b> be attached.		
Check here if name change documentation is attached.		
List names chronologically, with the most recent first. Use Appendix A1 for Additional Names.		
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
Were you born in the United States?      YES      NO City and U.S. state of birth: Country of birth if other than the U.S.:		
Were you a U.S. military dependent at the time of birth?      YES      NO		
Are you a naturalized citizen?      YES      NO <b>NOTE:</b> If naturalized, a certified copy of the naturalization papers OR a copy of your U.S. passport must be submitted.		
<b>Birth &amp; Citizenship Verification Attachments</b>		
Check here to verify a copy of your certified birth certificate is attached to this page.		
If you cannot attach a copy of your certified birth certificate, you <b>MUST</b> attach a copy of your valid Georgia Driver's License <b>and</b> at least one of the documents listed below that <b>MUST</b> show your full name and date of birth. Check off all documents you have attached to this page.		
<div style="text-align: center;">             Valid Georgia Driver's License AND              Baptismal Record              Draft Card              Court Records              Passport              Citizenship Papers              Armed Forces Discharge Paper (DD214)              Certified Copy of School Records           </div>		
<b>IMPORTANT NOTE:</b> If any of the above alternate documents are used for verification, the documents must show your <b>full name</b> and <b>date of birth</b> . In order to establish your <b>place of birth</b> , you must submit a <b>signed and notarized statement</b> (Appendix A2) indicating that you are a United States citizen if documents other than your birth certificate are attached. You <b>MUST</b> include the date, place, and country of your birth in the notarized statement.		
If you are a <b>naturalized citizen</b> , a <b>certified copy of your naturalization papers or a copy of your U.S. passport</b> and a completed Appendix A2 <b>MUST</b> be submitted.		
Check off all documents you have attached to this page.		
<div style="text-align: center;">             Appendix A2 (Signed and notarized.)              Certified copy of naturalization papers <u>or</u> U.S. passport           </div>		



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Education</b>						
<p>Check here to verify a copy of your High School Diploma, GED, or Home School Affidavit (Appendix A3 or A4) is attached to this page. Use the drop-down to indicate which type of high school you graduated from:</p>						
<p><b>NOTE: School must have a state, regional, or national accreditation that POST accepts – see <a href="http://www.chea.org">www.chea.org</a> for acceptable accrediting agencies.</b></p>						
<p><i>High School Name:</i></p>						
<p><i>Location of High School (City/State):</i></p>						
<p><i>Year Graduated (yyyy):</i></p>						
<p><i>High School Phone Number:</i></p>						
<b>College/University</b>						
<p><i>Name of College/University Conferring Your Highest Degree:</i></p>						
<p><i>Year Graduated with Highest Degree (yyyy):</i></p>						
<p><i>Highest Degree Earned (ex. Bachelor's, Master's, Doctorate):</i></p>						
<p><b>NOTE:</b> If you want your college/university degree recorded in your profile, you must attach a copy of your diploma or a certified copy of your transcript <u>IN ADDITION</u> to your high school diploma.</p>						
<p style="text-align: center;">Check here if you are ALSO attaching your college/university diploma/transcript for your profile.</p>						
<p>List colleges/universities you have attended and/or obtained a degree from. Use Appendix A5 for additional listings.</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">College/University:</td> <td style="width: 40%;"></td> </tr> <tr> <td>Attended From (mm/yyyy)</td> <td style="text-align: right;">To (mm/yyyy)</td> </tr> <tr> <td>Attended or Degree Issued:</td> <td></td> </tr> </table>	College/University:		Attended From (mm/yyyy)	To (mm/yyyy)	Attended or Degree Issued:	
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Attended From (mm/yyyy)	To (mm/yyyy)					
Attended or Degree Issued:						
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College/University:						
Attended From (mm/yyyy)	To (mm/yyyy)					
Attended or Degree Issued:						
<p><b>*IMPORTANT NOTE:</b> If you received your diploma from a correspondence school or received a diploma via the internet, the school must be accredited by one of the POST accepted accrediting agencies. Acceptable accrediting agencies can be found at <a href="http://www.chea.org">www.chea.org</a>.)</p>						



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Military</b>								
<p>Did you serve in the military? <span style="float: right;">YES      NO</span></p> <p>(If <b>NO</b>, go to the next page. If <b>YES</b>, complete this page.)</p> <p style="padding-left: 40px;">Check here to verify your military discharge or DD214 is attached to this page. (DD214 (Member 4 form version) <b>MUST</b> indicate <u>type of discharge</u>.)</p>								
<p>I served in the (Use Appendix A6 for additional listings):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"> <b>Active Duty:</b>            Air Force            Army            Coast Guard            Marine Corps            Navy            Space Force         </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <b>Reserves:</b>            Air Force            Army            Coast Guard            Marine Corps            Navy         </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <b>National Guard:</b>            Air Force            Army         </td> </tr> </table> <p>Other Department of Defense service (list):</p>			<b>Active Duty:</b> Air Force Army Coast Guard Marine Corps Navy Space Force	<b>Reserves:</b> Air Force Army Coast Guard Marine Corps Navy	<b>National Guard:</b> Air Force Army			
<b>Active Duty:</b> Air Force Army Coast Guard Marine Corps Navy Space Force	<b>Reserves:</b> Air Force Army Coast Guard Marine Corps Navy	<b>National Guard:</b> Air Force Army						
<p><b>NOTE:</b> If you recently served or are currently serving in the reserves, it is acceptable to attach a letter from your most current military reserve commander regarding your service record.</p> <p style="text-align: center;">Check here if you have attached a letter from your reserve commander to this page.</p>								
<p>Dates of Enlistment:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">From (mm/yyyy)</td> <td>To (mm/yyyy)</td> </tr> <tr> <td>From (mm/yyyy)</td> <td>To (mm/yyyy)</td> </tr> <tr> <td>From (mm/yyyy)</td> <td>To (mm/yyyy)</td> </tr> </table>			From (mm/yyyy)	To (mm/yyyy)	From (mm/yyyy)	To (mm/yyyy)	From (mm/yyyy)	To (mm/yyyy)
From (mm/yyyy)	To (mm/yyyy)							
From (mm/yyyy)	To (mm/yyyy)							
From (mm/yyyy)	To (mm/yyyy)							
<p>Was your <u>Character of Service/Discharge</u> honorable? <span style="float: right;">YES      NO</span></p> <p>If <b>YES</b>, go to the next page.</p> <p>If <b>NO</b>, how was your character of service/discharge listed? (Enter text as it appears on your DD214.):</p> <p><b>NOTE:</b> For Character of Service/Discharges other than honorable, you must attach a brief explanation that provides details for the reason for this characterization.</p> <p style="text-align: center;">Check here to verify you have attached your explanation to this page.</p>								



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Law Enforcement History

#### Law Enforcement Certification History

1.	Have you ever been certified by or previously submitted an application to the Georgia POST Council? YES                      NO
2.	Have you ever been certified as an officer in another state? YES                      NO (If <b>YES</b> , list the state(s) and your certification number for that state. Use Appendix A7 for additional listings if needed.) State:                                      Certification Number: State:                                      Certification Number: POST requires written proof from the other state's POST Council or equivalent that your certification in that state is in Good Standing. Refer to the EOT program information page: <a href="https://gapost.org/EOT_Requirements">https://gapost.org/EOT_Requirements</a> .  Check here to verify proof of Good Standing is attached to this page.
3.	Have you ever been denied an application for certification for a law enforcement position (i.e., police, jail, communications, probation, parole, etc.) in Georgia or any other state? YES                      NO (If <b>YES</b> , a written and signed explanation must be provided.) Check to verify a written and signed explanation is attached to this page.
4.	Has your certification ever been disciplined or sanctioned in another state? YES                      NO (If <b>YES</b> , a written and signed explanation must be provided.) Check to verify a written and signed explanation is attached to this page.

#### Law Enforcement Employment History

List all law enforcement agencies you have worked for in chronological order, with most recent first. Use Appendix A7 for additional listings if needed.

Agency Name:  State:  Employed From (mm/yyyy)                      To (mm/yyyy)  Position Held:	Reason for Leaving:
Agency Name:  State:  Employed From (mm/yyyy)                      To (mm/yyyy)  Position Held:	Reason for Leaving:
Agency Name:  State:  Employed From (mm/yyyy)                      To (mm/yyyy)  Position Held:	Reason for Leaving:



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Certified Driver History</b>			
<p>Check here if you have attached a certified copy of your GA driver history or a printout from GCIC.</p> <p>Check here if you have attached a certified copy of your driver history from another state.</p>			
<p><b>IMPORTANT NOTE:</b> The certified copy of your driver history must be the approved/accepted version of the state's department that governs driver's licenses and driver histories.</p>			
<p>I have possessed a driver's license if the following states in the past 10 years (check all that apply):</p> <p style="margin-left: 40px;">Georgia Driver's License ONLY during the past 10 years.</p> <p style="margin-left: 40px;">Georgia Driver's License From (year)                      To (year)</p> <p style="margin-left: 40px;">States Other than Georgia (list states and years)</p> <p style="margin-left: 80px;">State                      From (year)                      To (year)</p> <p style="margin-left: 80px;">State                      From (year)                      To (year)</p> <p style="margin-left: 80px;">State                      From (year)                      To (year)</p> <p style="margin-left: 40px;">Military Driver's License ONLY during the past 10 year.</p> <p style="margin-left: 40px;">Military Driver's License From (year)                      To (year)</p>			
<p>Have you ever received a traffic citation? (If YES, complete this page. If NO, go to the next page.)</p>		YES	NO
<p>Have you received more that <u>three citations</u> in the past <u>five years</u>?</p>		YES	NO
<p>Have you ever had your license suspended?  If YES, provide the year suspended and the reason for suspension.</p> <p>Year:                                      Reason:</p>		YES	NO
<p>List all traffic citations you received during the past five years. (Use Appendix A8 if needed.)</p>			
<i>Date of Citation</i>	<i>Traffic Violation</i>	<i>Issuing Agency</i>	<i>Disposition</i>
<i>Date of Citation</i>	<i>Traffic Violation</i>	<i>Issuing Agency</i>	<i>Disposition</i>
<i>Date of Citation</i>	<i>Traffic Violation</i>	<i>Issuing Agency</i>	<i>Disposition</i>
<i>Date of Citation</i>	<i>Traffic Violation</i>	<i>Issuing Agency</i>	<i>Disposition</i>
<p>I have verified all Driver History information: _____  <div style="text-align: right; margin-right: 50px;"><i>Petitioner's Signature</i></div> </p>			



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Criminal History

Please read the following information carefully before completing the next pages. Pursuant to Title 35, Chapter 8 of the Official Code of Georgia Annotated and the Rules of the Georgia Peace Officer Standards and Training Council, each petitioner is required to disclose **EACH and EVERY** arrest and/or citation which the petitioner has received, along with the disposition of **EACH and EVERY** arrest and/or citation. Dispositions include, but are not limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of guilty, plea of nolo contendere, treatment under the First Offender Act, expungement, sealed, pardoned, or bond forfeiture. A signed and notarized statement of explanation must also be submitted for **EACH and EVERY** arrest and/or citation.

**IMPORTANT NOTE:** Failure to provide all requested information (including any intentional or unintentional omissions) may result in the rejection/denial of the application.

Have you only lived in the state of Georgia?	YES	NO
Have you ever been arrested? (If YES, complete this page. If NO, go to the next page.)	YES	NO
Have you been arrested SINCE your certification was revoked?	YES	NO

Have you ever been convicted of a felony?	YES	NO
---	-----	----

Have you ever been charged with a crime of domestic/family violence? (If YES, a copy of the police incident report AND the court disposition regarding the arrest MUST be attached.)	YES	NO
---	-----	----

Check here if you have attached domestic/family violence documentation.

Are you currently or have you ever been subject to a qualifying protection order (temporary or federal) prohibiting the possession of a firearm or ammunition? (If YES, you must submit a copy of the order.)	YES	NO
--	-----	----

Check here if you have attached a qualifying protection order.

List all felonies first. List all other charges in chronological order with the most recent first. (Use Appendix A9 if needed.)

<i>Date of Arrest</i>	<i>Charge</i>	<i>Disposition</i>	<i>Convicted</i> YES            NO
<i>State Arrested In</i>			<i>Check All That Apply</i> Fine – Amount: Probation – Time (mos/yrs): Incarceration – Time (mos/yrs): Community Service
<i>Arresting Agency</i>			

<i>Date of Arrest</i>	<i>Charge</i>	<i>Disposition</i>	<i>Convicted</i> YES            NO
<i>State Arrested In</i>			<i>Check All That Apply</i> Fine – Amount: Probation – Time (mos/yrs): Incarceration – Time (mos/yrs): Community Service
<i>Arresting Agency</i>			

Check off all attachments:  
 Police Incident Report       Court Disposition       Signed/Notarized Statement re: Incident

I have verified all Criminal History information: \_\_\_\_\_  
*Petitioner's Signature*



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### GCIC/NCIC Printout/Fingerprint Results

State law requires a fingerprint check to be conducted by both GCIC and NCIC for candidates for certification.

Check here to indicate you have attached your Electronic Fingerprint Results Receipt for Georgia Applicant Processing Service.

Your fingerprints will be processed through the electronic Georgia Applicant Processing Service (GAPS) managed by [IdentoGO](http://IdentoGO.com). Use Service Code **2TGRGN** and Reviewing Agency code **GAGSPH800** to schedule an appointment. A Requesting Agency code is **not** required.

### Petitioner Attestation

I have personally reviewed this application regarding ALL INFORMATION provided by me including my driver and criminal history. I attest and affirm that the information provided in this application, including my driver and criminal history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for reconsideration/reinstatement of certification as a peace officer (O.C.G.A. §35-8-7.1) and could result in criminal prosecution (O.C.G.A. §16-10-20). Each page is signed and/or initialed by me confirming verification of the data on that individual page. I understand that any page not signed/initialed and verified by me could result in a delay of process this application.

List all felonies first. List all other charges in chronological order with the most recent first. (Use Appendix A1 if needed.)

<i>Last Name</i>	<i>Social Security Number</i>
<i>First Name</i>	<i>Date of Birth (mm/dd/yyyy)</i>
<i>Middle Name</i>	<i>Suffix</i>

_____	_____
<i>Petitioner's Signature</i>	<i>Date</i>

_____	_____
<i>Notary Public</i>	<i>Date</i>

*Notary Seal*



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Physician's Affidavit – Page 1 of 4</b>			
<i>Petitioner's Full Name</i>		<i>Social Security Number</i>	
<i>Height (ft/in)</i>	<i>Weight (lbs)</i>	<i>Sex/Gender</i>	<i>Date of Birth(mm/dd/yyyy)</i>
<p><b>PHYSICIAN'S INSTRUCTIONS:</b> Please complete this form, using the following steps, and answer all questions related to your medical examination of this individual. The exam and form must be completed/signed by a <b>licensed physician, osteopath, physician's assistant, or nurse practitioner</b>. Forms signed by other personnel, such as nurses or other staff, <b><u>WILL BE REJECTED</u></b>.</p> <ol style="list-style-type: none"> <li>1. <b>Review the individual's job duties/responsibilities</b> for which he/she is being considered. Make sure you are familiar with the relevant job demands and working conditions of the specific position for which the individual is being considered. Additional information such as job descriptions; critical knowledge, skills, or task lists; or other items may be provided. <u>A list of job duties and responsibilities may be provided to you by the individual along with this form.</u></li> <li>2. <b>Complete the patient information</b> at the top of this page and then conduct your physical exam.</li> <li>3. <b>Review the patient's Medical and Physical History.</b> A Report Form may be provided to you by the individual or you may use the form commonly used in your medical practice.</li> <li>4. <b>Answer all questions</b> by checking the appropriate block and providing any comments necessary for the individual's assessment.</li> <li>5. <b>SIGN &amp; DATE</b> on the appropriate page of this form and provide your address and phone number.</li> <li>6. <b>Give all forms to the candidate</b> for submitting to the Georgia POST Council.</li> </ol> <p>This individual, if certified, will have the prerequisites necessary to gain employment at any law enforcement agency in the state of Georgia. This individual, if employed as a peace officer, will be charged with the responsibility of enforcing criminal laws and could be subject to deal with violent individuals and situations. Officers are often required to defend themselves and others from physical attacks, subdue resisting individuals, and make decisions under stress concerning the use of deadly force. <b><i>These types of positions generally require a high level of physical capability.</i></b></p> <p>O.C.G.A. §35-8-8 and POST Rule 464-3-.02 requires that individuals be found, after examination by a licensed physician or surgeon, to be free from any physical, emotional, or mental conditions which might adversely affect his/her exercising the powers or duties of a peace officer. Please note that your answers are intended to provide the <u>most useful</u> information possible and confirm the physical, emotional, or mental status to the Georgia Peace Officer Standards and Training Council that this individual <b>meets</b> the requirements set forth in POST Rule 464-3-.02, and in your medial opinion, this individual is capable of <b><u>safely completing</u></b> the required training and <b><u>safely performing</u></b> the necessary job duties.</p>			



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Physician's Affidavit – Page 2 of 4

Petitioner's Full Name

### Questions

1. In your opinion, does the individual have, or is the individual likely to develop, any physical symptoms or limitations that could impair performance in this position?

No. Proceed to question next question.

Indeterminate. Describe additional tests or information required prior to making final determination.

Yes. Describe the impact of these limitations including the following criteria: job functions affected, nature & degree of severity, duration of impairment (if intermittent or temporary), & likelihood(s) associated with this impact.

2. In your opinion, could the candidate's performance in this position result in a risk to the health and safety of the candidate or others?

No. Proceed to next question.

Indeterminate. Describe additional tests or information required prior to making final determination.

Yes. Describe the impact of these limitations including the following criteria: specific job duties/functions and/or working conditions that precipitate the risk, nature and severity of potential harm, impact of harm on self and/or others, likelihood(s) associated with this risk, and imminence and duration of the threat.



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Physician's Affidavit – Page 3 of 4

Petitioner's Full Name

### Questions (Continued)

3. Please describe any means, devices or work restrictions that could reduce or eliminate any identified risks to a level not significantly greater than that posed by the average candidate. Include the manner in which the accommodation needs to be implemented, maintained, and monitored; any side effects or risks associated with the accommodation; and a revised estimate of the candidate's viability in this position if it is implemented.

4. In summary, my overall evaluation of the ability of the above-named candidate to safely perform the duties of this position is: *(choose one below)*

This candidate has **no physical, emotional, or mental conditions** that might adversely affect his/her ability to perform the duties of a peace officer or take part in training programs relative to law enforcement. **Comments:**

This candidate has **no physical conditions** that might adversely affect his/her ability, **but** there are some concerns that should be addressed regarding **one or more emotional or mental conditions** that could adversely affect their ability. (Please state recommendations on how to address here.) **Comments:**

This candidate has **no emotional or mental conditions** that could adversely affect their ability, **but** there are some concerns that should be addressed regarding **one or more physical conditions** that could adversely affect their ability. (Please state recommendations on how to address here.) **Comments:**

This candidate has **one or more physical, emotional, or mental conditions** that could adversely affect their ability that need to be addressed. (Please state recommendations on how to address here.) **Comments:**



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Physician's Affidavit – Page 3 of 4

Petitioner's Full Name

### Examining Official

The exam and form must be completed/signed by a licensed physician, osteopath, physician's assistant, or nurse practitioner. Forms signed by other personnel, such as nurses or other staff, **WILL BE REJECTED**.

Examining Official's Last Name (printed)

Examining Official's First Name (printed)

Examining Official's Signature (required)

Date (mm/dd/yyyy)

Address of Examining Official's Practice (street address, including city, state, and zip code)

Phone Number (include area code)



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Appendix 1 - Additional Names

List names chronologically, with the most recent first.

<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>
<i>Name</i>	<i>Reason for Name Change</i>	<i>Years Name Used</i>



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Appendix 2 – Citizenship Verification Statement

I, \_\_\_\_\_, do hereby  
(Full Name of Petitioner – First, Middle, Last)

state that I was born in \_\_\_\_\_ on  
(Name of City, State, County, Territory/Country of Birth)

\_\_\_\_\_  
(Date of Birth)

*Last Name*

*Social Security Number*

*First Name*

*Date of Birth (mm/dd/yyyy)*

*Middle Name*

*Suffix*

\_\_\_\_\_  
*Petitioner's Signature (Including Maiden Name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Date*

*Notary Seal*

Petitioner's Full Name:

Rev. Oct 2025

A2

Petitioner's Initials:



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Appendix 3 – Homeschool Affidavit

<i>Last Name</i>	<i>Social Security Number</i>
<i>First Name</i>	<i>Date of Birth(mm/dd/yyyy)</i>
<i>Middle Name</i>	<i>Suffix</i>
<b>Section I - Attestation of Applicant</b>	
<p>I, _____ (Full Name of Petitioner – First, Middle, Last)</p> <p>hereby swear or affirm, under criminal penalty of a felony subject to punishment by fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, that I received the attached home study diploma pursuant to my successful completion of a home study program as recognized by applicable Georgia Law.</p> <p>_____</p> <p><i>Petitioner's Signature</i></p> <p>_____</p> <p><i>Notary Public Signature</i> <i>Date</i> <i>Notary Seal</i></p>	
<b>Section II - Attestation of Parent/Guardian</b>	
<p>I, _____ (Full Name of Parent/Guardian – First, Middle, Last)</p> <p>hereby swear or affirm, under criminal penalty of a felony subject to punishment by fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, that my child/ward received the attached home study diploma pursuant to their successful completion of a home study program as recognized by applicable Georgia Law. I further swear or affirm that the home study program completed by my child/ward was administered by a person or persons duly qualified to administer such program under applicable Georgia Law.</p> <p>_____</p> <p><i>Parent/Guardian's Signature</i></p> <p>_____</p> <p><i>Notary Public Signature</i> <i>Date</i> <i>Notary Seal</i></p>	

Petitioner's Full Name:

Rev. Oct 2025

A3

Petitioner's Initials:





# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Appendix 5 – Additional Education

List colleges/universities you have attended and/or obtained a degree from.

College/University:  
Attended From (mm/yyyy) To (mm/yyyy)  
Attended or Degree Issued:

College/University:  
Attended From (mm/yyyy) To (mm/yyyy)  
Attended or Degree Issued:

College/University:  
Attended From (mm/yyyy) To (mm/yyyy)  
Attended or Degree Issued:

College/University:  
Attended From (mm/yyyy) To (mm/yyyy)  
Attended or Degree Issued:

College/University:  
Attended From (mm/yyyy) To (mm/yyyy)  
Attended or Degree Issued:

College/University:  
Attended From (mm/yyyy) To (mm/yyyy)  
Attended or Degree Issued:



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Appendix 6 - Additional Military</b>		
<b>Active Duty:</b> Air Force Army Coast Guard Marine Corps Navy Space Force	<b>Reserves:</b> Air Force Army Coast Guard Marine Corps Navy	<b>National Guard:</b> Air Force Army
Other Department of Defense service (list):		
<p><b>NOTE:</b> If you recently served or are currently serving in the reserves, it is acceptable to attach a letter from your most current military reserve commander regarding your service record.</p> <p style="text-align: center;">Check here if you have attached a letter from your reserve commander to this page.</p>		
<b>Dates of Enlistment:</b> From (mm/yyyy)                      To (mm/yyyy) From (mm/yyyy)                      To (mm/yyyy) From (mm/yyyy)                      To (mm/yyyy)		
Was your <u>Character of Service/Discharge</u> honorable?                      YES                      NO  If <b>NO</b> , how was your character of service/discharge listed? (Enter text as it appears on your DD214.):  <p><b>NOTE:</b> For Character of Service/Discharges other than honorable, you must attach a brief explanation that provides details for the reason for this characterization.</p> <p style="text-align: center;">Check here to verify you have attached your explanation to this page.</p>		
<b>Active Duty:</b> Air Force Army Coast Guard Marine Corps Navy Space Force	<b>Reserves:</b> Air Force Army Coast Guard Marine Corps Navy	<b>National Guard:</b> Air Force Army
Other Department of Defense service (list):		
<p><b>NOTE:</b> If you recently served or are currently serving in the reserves, it is acceptable to attach a letter from your most current military reserve commander regarding your service record.</p> <p style="text-align: center;">Check here if you have attached a letter from your reserve commander to this page.</p>		
<b>Dates of Enlistment:</b> From (mm/yyyy)                      To (mm/yyyy) From (mm/yyyy)                      To (mm/yyyy) From (mm/yyyy)                      To (mm/yyyy)		
Was your <u>Character of Service/Discharge</u> honorable?                      YES                      NO  If <b>NO</b> , how was your character of service/discharge listed? (Enter text as it appears on your DD214.):  <p><b>NOTE:</b> For Character of Service/Discharges other than honorable, you must attach a brief explanation that provides details for the reason for this characterization.</p> <p style="text-align: center;">Check here to verify you have attached your explanation to this page.</p>		



# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

### Appendix 7 - Additional Law Enforcement History

Additional certifications:

State:	Certification Number:	
State:	Certification Number:	
State:	Certification Number:	
State:	Certification Number:	
State:	Certification Number:	

List all law enforcement agencies you have worked for in chronological order, with most recent first.

Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:
Agency Name: State: Employed From (mm/yyyy)                      To (mm/yyyy) Position Held:	Reason for Leaving:





# Georgia Peace Officer Standards & Training Council

## Petition for Reinstatement/Reconsideration Application

<b>Appendix 9 - Additional Criminal History</b>			
List all felonies first. List all other charges in chronological order with the most recent first.			
<i>Date of Arrest</i>	<i>Charge</i>	<i>Disposition</i>	<i>Convicted</i> <div style="text-align: center;">YES          NO</div>
<i>State Arrested In</i>			<i>Check All That Apply</i> Fine – Amount: Probation – Time (mos/yrs): Incarceration – Time (mos/yrs): Community Service
<i>Arresting Agency</i>			
<i>Date of Arrest</i>	<i>Charge</i>	<i>Disposition</i>	<i>Convicted</i> <div style="text-align: center;">YES          NO</div>
<i>State Arrested In</i>			<i>Check All That Apply</i> Fine – Amount: Probation – Time (mos/yrs): Incarceration – Time (mos/yrs): Community Service
<i>Arresting Agency</i>			
<i>Date of Arrest</i>	<i>Charge</i>	<i>Disposition</i>	<i>Convicted</i> <div style="text-align: center;">YES          NO</div>
<i>State Arrested In</i>			<i>Check All That Apply</i> Fine – Amount: Probation – Time (mos/yrs): Incarceration – Time (mos/yrs): Community Service
<i>Arresting Agency</i>			
<i>Date of Arrest</i>	<i>Charge</i>	<i>Disposition</i>	<i>Convicted</i> <div style="text-align: center;">YES          NO</div>
<i>State Arrested In</i>			<i>Check All That Apply</i> Fine – Amount: Probation – Time (mos/yrs): Incarceration – Time (mos/yrs): Community Service
<i>Arresting Agency</i>			
Check off all attachments: <div style="display: flex; justify-content: space-around;"> <span>Police Incident Report</span> <span>Court Disposition</span> <span>Signed/Notarized Statement re: Incident</span> </div>			
I have verified all Criminal History information: _____ <div style="text-align: right; margin-right: 50px;"><i>Petitioner's Signature</i></div>			