

## Kentucky Law Enforcement Council



2624 Research Park Drive  
Lexington, KY 40511

**Phone:** 859-622-6218  
**Email:** KLECS@ky.gov  
**Web:** <https://KLECS.ky.gov>

### Request for Waiver Certification

#### Personal Information

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Rank: \_\_\_\_\_  
Sworn/Non-Sworn: \_\_\_\_\_

#### Academy Information \*\*\*

Agency Name: \_\_\_\_\_ Agency Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name of Class: \_\_\_\_\_ Curriculum #: \_\_\_\_\_

**\*\*\* The Information for the Academy that is Certifying the Curriculum Taught**

#### Course & Service Information:

Name of Curriculum & Block of Instruction: \_\_\_\_\_  
Description of Service You Will Provide: \_\_\_\_\_

#### Documentation:

Each applicant requesting a waiver from the Kentucky Law Enforcement Council must provide the following:  
**(Check when attached)**

Current Vita/Resume

Certificates/Diplomas for Requested Area(s)

Law Enforcement Training Transcript \*\*\*

\*\*\*Law Enforcement Personnel Currently Working

ENDORSEMENT BY APPROVED TRAINING ACADEMY DIRECTOR:

Each request must be signed by the Director of an approved KLEC Training Academy. I hereby certify the above named individual has met all requirements to make application for Request for Waiver.

\_\_\_\_\_  
TRAINING ACADEMY DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE

**KLEC OFFICE ONLY:**

Lifetime Waiver

3 Year Waiver