



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)

TRACER Officer ID # (DOC Use State ID #):

Agency/Department:

Date of request:

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

☐ General

☐ Driver Training

☐ Firearms

☐ Speed Measurement

☐ Defensive Tactics

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 or Designee Signature

Date: _____

Certified Criminal Justice Academy: _____

Certification Requested by: _____
Agency Administrator or Designee Signature

Agency Administrator or Designee Printed Name

Employing Agency: _____

Contact Person: _____
Please print

Phone: _____

Email Address: _____

Fax: _____

DCJS Approval: _____

Date Entered: _____