

POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

Officer Information: (ALL information MUST be completed)

Last Name: Thompson	First Name: Brant	Maiden/Middle Name: Lamar	Generation (Sr., Jr., etc): N/A
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: brant.thompson@la.gov			
Employing Agency: Louisiana Department of Public Safety, Office of State Fire Marshal (current)			Hire Date: 2011 (current post)
POST Academy Attended: <small>Louisiana Dept. of Public Safety & Corrections Training Academy / Louisiana State University Law Enforcement Training Academy</small>		Graduation Date: July 1985 / February 1993	P.O.S.T. Certificate #: B 3329

Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?
 >20 _____ years _____ months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?
 >100 _____
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?
 >20 _____ years _____ months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? >100 Lead and/or Supv

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

As the Agency Head, I am requesting a Waiver of the Homicide Investigator Training Requirement under LARS 40:2405.8. This request is based on the officer's prior investigation training and experience. I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Agency Head: 

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/14

MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)