

REQUEST FOR CERTIFICATION LETTER

(RETIRED MOS ONLY)



Have You Previously Requested a Transcript or Letter from the Education, Training, Opportunities and Tracking Unit? Yes □ No □ If Yes, Approx. Date of Request ______

Fracking Unit? Ye	s 🗆 No 🗆	If Yes,	, Appro	ox. Date of Red	quest						_	
Name (Last, First)				Maiden	Training Academy: NYCPD ☐ Transit ☐ I			Hou	sing [
Last Rank	Tax No.	Tax No. SS No.* (Last 4 Digits) *(Full SS No. if Tax DOB No. is not available)										
Home Address (Include Apt. No.)						City			State	Zi	р	
Home Phone No.				Today's Date								
Date Appointed				Police Academy Company #			# Date Left Agency/ Retirement Date					
		AGENCY	/ EM	IPLOYER IN	NFOF	RMA	TION					
Name of Agency			e com	Attention of								
Address												
City State			_			Zip Code						
INSTRUCTIONS: If you and your request will have for this request is approx (front and back).	ve to be resubmi	tted. The Re	quest f	or Certification Le	etter w	ill be n	nailed to y	our ho	me addre	ess. Pro	cessing tim	
NOTE: If your retired NY retired NYPD Identification with the Shield, ID & ReClearance Unit office ho	<i>ion card to subm</i> tirement Clearar	<u>it with your</u> ice Unit loca	<i>applica</i> ated at	<u>tion</u> . To renew y 1 Police Plaza, ro	your id oom #	entifica 502A,	ation card	l, you c	an sched	dule an	appointme	
Applications may be subm	nitted by E-Mail: T	rainingReco	rds@ny	pd.org, Fax: 718-3	312-52	95, in l	Person or	by Mail	to the ad	dress lis	sted below.	
Candidate Assessment I Education, Training, Opp 235 East 20th Street New York, NY 10003		cking Unit, F	Room 8									
		Education, Training, Opportunities and Tracking Un Phone: 718-312-4425 or 718-312-4455 Fax: 718-312-5295					Unit					
		FC	OR OF	FICIAL USE (ONLY	<u>':</u>						
Date Received			Serial N									

Date Sent

Initials

Reviewed By:

E-mail

Walk-in

Mail

Fax