

Date \_\_\_\_\_

**Commonwealth of Massachusetts**  
**Municipal Police Training Committee**  
“Training for Today, Planning for the Future”

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**Petition:**

550 CMR 3.03 states: A person appointed to a position on a permanent full-time basis in which that person will exercise police powers may be exempted, in whole or part, from the basic police recruit training provisions of MGL c. 41 §96B, upon petition to the Committee by the appointing authority.

Officer's name	_____		
Address	_____		
City	_____	State	_____ Zip Code
D.O.B.	_____	SSN	_____
Sponsoring Agency	_____		

**Petitioning for:**

- ☐ Temporary Waiver: A Temporary Waiver may be granted for a period not to exceed two hundred and seventy (270) days, or until the start date of the next available academy session, whichever occurs sooner, as a result of documented public safety emergency or other exigent circumstance.
- ☐ Exemption

**Required Documentation:** For consideration, copies of all required documentation MUST be submitted with this Petition.

**Temporary Waiver:**

- ☐ Current Certification in First Aid and CPR
- ☐ Current Qualifications in Use of Firearms by an MPTC Certified Instructor
- ☐ Successful completion of the training requirement for persons appointed as reserve or intermittent police officers
- ☐ Resume
- ☐ Reason (Cite nature of public safety emergency or other exigent circumstance.)

**Exemption:**

This Petition must include copies of required documentation listed below **in addition to those required for a Temporary Waiver.**

- ☐ Certificate of completion for the same or equivalent training program.
- ☐ Training curricula (Course listing with corresponding number of hours for each subject/topic.)
- ☐ Previous police experience (Include all interruptions in service.)

**Note:** Pursuant to **MGL Chapter 41, §96B**, petition is made to the Municipal Police Training Committee to exempt the above-named officer from the statutory training requirements for police officers.

Signature of Appointing Authority	Title	Date
_____		
Signature of Appointing Authority	Title	Date
_____		
Signature of Appointing Authority	Title	Date
_____		
Signature of Chief if not Appointing Authority	Date	
_____		