Arizona Peace Officer Standards and Training Board

STATUS CHANGE REPORT FORM

INSTRUCTIONS FOR COMPLETING FORM: This form is to be used for **CHANGES IN STATUS WITHIN THE SAME AGENCY only**. This form is NOT to be used for a CHANGE FROM ONE AGENCY TO A DIFFERENT AGENCY. All information concerning this status change must be included below. If a box is not applicable, please leave blank.

Name:	
Social Security Number:	Date of Birth:
Agency:	NCIC Number:
Effective Date of Change:	

CHANGE IN CATEGORY (Please check appropriate boxes)

From:	To:
☐ **Full-Authority Peace Officer**	☐ **Full-Authority Peace Officer**
☐ **Full-Authority Peace Officer (Reserve)**	☐ **Full-Authority Peace Officer (Reserve)**
☐ **Inactive Status - Reinstatement (for less than 30 days)**	☐ **Speciality Peace Officer**

CHANGE IN NAME

From:	To:

CHANGE IN RANK (Use the legend below)

From:	To:
Agency Head = 1 *Chief, Marshal, Sheriff, Director*	**Agency Head = 1** *Chief, Marshal, Sheriff, Director*
Command Staff = 2 *Asst. Chief, Asst. Dir., Chief Deputy, Cmdr., Major, Captain*	**Command Staff = 2** *Asst. Chief, Asst. Dir., Chief Deputy, Cmdr., Major, Captain*
Lieutenant = 3	**Lieutenant = 3**
Sergeant = 4	**Sergeant = 4**
Officer = 5 *Deputy, Investigator, Agent, Corporal*	**Officer = 5** *Deputy, Investigator, Agent, Corporal*
Speciality = 6	**Speciality = 6**

Reporting Official's Name (Type or print):	Reporting Official's Title:
Reporting Official's Signature:	Date:

Print Form