



Crash Reconstruction Specialist Application

Illinois Law Enforcement Training and Standards Board

THIS SECTION FOR BOARD USE ONLY

Staff Recommendation: I have examined this application and recommend approval for the applicant to take the exam.

Staff Signature

date

EXAMINATION GRADES

Date _____

Part I _____

Part II A&B _____

Part III

() _____
Version

() _____
Version

() _____
Version

BOARD RECOMMENDATION

() Approve

() Disapprove

Signature of the Executive Director

date

Signature of Advisory Board Member

date

Certificate Number PTB _____

INSTRUCTIONS

1. Please print clearly when completing the application.
2. All data must be furnished in detail as requested. The information you provide will be used to determine your qualifications to take the test.
3. If an item does not apply to you please write in the letters "NA".
4. This form must be completed by the applicant and forwarded to the Board for action.
5. Board action will be reported to the applicant.
6. Mail completed application to:

Executive Director
 Attn: Crash Reconstruction Exam Application
 Illinois Law Enforcement Training and Standards Board
 4500 South 6th Street Road
 Springfield, IL 62703

**Any questions should be directed to the Crash Reconstruction Certification Program Manager at: 217.782.4540

Crash Reconstruction Specialist Application

Illinois Law Enforcement Training and Standards Board

Date of Application: _____

Personal Data

Last Name	First	MI
Home Street Address	City/Town	State
Home Phone	Work Phone	
Date of Birth	PTB ID Number	

Traffic Crash Investigation Training

Name of School/Course Title	# of Hours	Date Completed
Include Copies of Certificates, Attach Additional Sheet if Needed		

RECOMMENDATION

FOR ILETSB USE ONLY

<p>I have examined this application; verify that it is made in good faith and recommend approval to take the State Crash Reconstruction Specialist Exam.</p> <p>_____</p> <p>Signature- Chief of Police/ Department Head</p> <p>_____</p> <p>date</p>	<p>DATE STAMP</p>
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