



**To: C.I.P. Director**

**Date:** \_\_\_\_\_

**Subject: C.I.P. Registration**

I am writing to request enrollment for (Officer's name) \_\_\_\_\_ in  
from (Dept. name) \_\_\_\_\_ in  
the Certified Investigator Program. This officer is a certified Law Enforcement Officer in the  
State of Mississippi with \_\_\_\_\_ years of experience. They are currently serving in an  
investigative role or are transitioning into such a position.

I understand that the program consists of eight (8) sessions, each lasting one (1) week, and  
will take up to eight months to complete. We will make every effort to ensure that the officer  
does not miss any sessions. However, should circumstances arise that prevent the officer  
from attending, MLEOTA will be promptly notified so that their spot may be filled by another  
candidate.

Requested by: (print name) \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Candidate e-mail address: \_\_\_\_\_

Date received by CIP: \_\_\_\_\_

Date confirmed by CIP: \_\_\_\_\_

**Certified Investigator Program**  
**MLEOTA: 601-933-2101**

**Complete and email this form to Kristi Peede [kpeede@mbn.ms.gov](mailto:kpeede@mbn.ms.gov)**

**Someone from the CIP division will be in contact with you after receiving this form.**