

## Commonwealth of Virginia Virginia Department of Criminal Justice Services

## **Instructor Patch Order Form (Form I-P)**

FFICER'S CURRENT NAME:			Last 4 Digits of Social Security Number:	
Last First	М	Middle Initial		
			XXX-XX	( <b>-</b>
Mailing Address (where patches should be	pe delivered):			
Street:		Ct-t-	7:	
City: Email Address:		State:	Ziŗ	):
Phone Number (if we need to contact you	)·			
CURRENT CRIMINAL JUSTICE EMPLOYER:				
INSTRUCTOR CERTIFICATION HELD (select one): EXPIRATION DATE:				
☐ General Instructor				
☐ Driver Training Instructor				
☐ Defensive Tactics Instructor				
☐ Firearms Instructor				
☐ Speed Measurement Instructor				
_ speed Medsdrement instructor				
DATCH ODDED				
PATCH ORDER	Price		Number Ordered	Total
$\square$ General Instructor	\$1.00 each			\$
$\square$ Driver Training Instructor	\$1.00 each			\$
$\square$ Defensive Tactics Instructor	\$1.00 each			\$
☐ Firearms Instructor	\$1.00 each			\$
☐ Speed Measurement Instructor	\$1.00 each			\$
·			Subtotal	\$
		9	Sales Tax (6.0%)	Ś
Shipping & Handling for <i>more</i> than 5 patches (\$3.50) \$				\$ \$ \$ \$
Shipping & Handling for <i>less</i> than 5 patches (\$1.75)				
			\$	
				<u> </u>
Please make checks payable to "Treasurer, Commonwealth of Virginia"				
NOTE: The order will not be filled if the officer named above does not currently maintain certification in the instructional area for which the patch is ordered or if not currently employed by a Virginia Criminal Justice Agency.				
area for which the paterns of acrea of if not currently employed by a virginia criminal sustice Agency.				
I attest that I am currently certified as a criminal justice instructor by the Virginia Department of Criminal Justice				
Services in the category(ies) for which I am purchasing instructor patches. The patches being ordered are for my use				
only and shall not be transferred to or redistributed to any person(s).				
Signature of Purchaser	Date	е		DCJS Verification