



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Initial Patch Order Form (Form Int-P)

Requester: <i>Last</i> <i>First</i> <i>Middle Initial</i>		Requesting Agency Name:	
Mailing Address (where patch(es) should be delivered):			
Street:			
City:		State:	Zip:
Email Address:			
Phone Number:			
Please list officer(s) Name and Instructor Certification(s) on the attached supplemental page.			
INSTRUCTOR CERTIFICATION		CHECK PATCH(ES) NEEDED	
General Instructor		<input type="checkbox"/>	
Driver Training Instructor		<input type="checkbox"/>	
Defensive Tactics Instructor		<input type="checkbox"/>	
Firearms Instructor		<input type="checkbox"/>	
Speed Measurement Instructor		<input type="checkbox"/>	
<p>I attest that the officer(s) listed on the attached document have satisfactorily completed the DCJS requirements for Instructor Certification. I am hereby requesting the following Initial Instructor Patches and have advised the employee(s) that any additional patches they want will need to be requested on a Form I-P at an additional cost. Please send completed forms to rr-patches@dcjs.virginia.gov</p>			
_____ <i>Signature</i>		_____ <i>Date</i>	DCJS Verification (Int.)

