



ANZPAA
Australia New Zealand
Policing Advisory Agency

[illegible]

PART 3: Notification of Candidates Not Recertifying

Candidate Full Name	Comments <i>(include where possible reason for not recertifying [e.g., long service leave, retirement] and date/s where applicable)</i>

PART 4: Comments and Recommendations

Supervisor Comments (if applicable):

Supervisor Name

Supervisor Signature

Date

ANZFEC Member Comments (if applicable):

ANZFEC Member Name

ANZFEC Member Signature

Date

Please send completed form to secretariat.nifs@anzpaa.org.au

AFSAB USE ONLY

Date Application Received:

Recertification Approved

Not Approved

AFSAB Chair Name

AFSAB Chair Signature

Date