



# Arizona Peace Officer Standards and Training Board



## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

### I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING**.

### II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER A.R.S. §§ 13-2704, 13-2907.01 AND 39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

### III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. **AZ POST does not disclose Social Security Numbers in response to public record requests.**

### IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

### V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

#### CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_



# Arizona Peace Officer Standards and Training Board



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, (print name) corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) \_\_\_\_\_ (print agency name). This release is in addition to, and not intended to curtail or diminish the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

|                                |              |
|--------------------------------|--------------|
| <b>Signature of Applicant:</b> | <b>Date:</b> |
|--------------------------------|--------------|

**Sworn and Subscribed To Before Me This:** \_\_\_\_\_ **Day of** \_\_\_\_\_ .

**By:** \_\_\_\_\_

|                        |                         |
|------------------------|-------------------------|
| <b>State of:</b> _____ | <b>County of:</b> _____ |
|------------------------|-------------------------|

**Signature of Notary Public:** \_\_\_\_\_



# Arizona Peace Officer Standards and Training Board



## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

**ARIZONA ADMINISTRATIVE CODE R13-4-106:** A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

**INSTRUCTIONS:** Print or type all answers. Read every question carefully and answer every question. If the question does not apply to you, print or type "DNA" in that answer block. **DO NOT LEAVE BLANK SPACES.** Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

|   |   |   |                           |
|---|---|---|---------------------------|
| 1. <b>Name</b> (Last, First, Middle):   |   |   |                           |
| 2. <b>Address:</b>  |   | 3. <b>City:</b>   | 4. <b>State/Zip Code:</b> |
| 5. <b>Date of Birth</b> (Month/Day/Year):   | 6. <b>Place of Birth</b> (City, State): | 7. <b>Social Security Number:</b>   |                           |
| 8. <b>List here any other names, DOB's or SSN's you have used:</b>  |   |   |                           |
| 9. <b>Current Marital Status:</b>   |   | 10. <b>Spouse's Name Before Marriage:</b>   |                           |
| 11. <b>Home Telephone Number:</b>   | 12. <b>Work Telephone Number:</b>       | 13. <b>Cell/Mobile Number:</b>  |                           |
| 14. <b>Are you a citizen of the United States?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Please attach a copy of Birth Certificate or other verification of citizenship.   |   |   |                           |
| 15. <b>Do you have</b> (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma<br>Please attach a copy of one of the above.  |   | 16. <b>When and where did you receive it?</b>   |                           |
| 17. <b>MILITARY SERVICE:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach the MEMBER 4 copy of the DD 214 and continue with this section. If NO skip to #18.   |   |   |                           |
| Branch of Service: _____  |   | Date Entered:   | Date Separated:           |
| Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____   |   | Were you ever arrested, cited or apprehended by military police?  |                           |
| If NO list type of discharge/separation and explain on the Continuation Sheet.  |   | YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.                             |                           |
| Are you currently a member of a U.S. Reserve or National Guard Unit?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list current assignment:   |   | Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? |                           |
|   |   | YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, explain on the Continuation Sheet.                             |                           |
| Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If YES explain on the Continuation Sheet. |   |   |                           |
| <b>AGENCY VERIFICATION:</b>   | <b>INITIALS:</b>                        | <b>DATE:</b>  | <b>INITIALS:</b>          |
| U.S. Citizen (Documentation in File)  |   | High School Diploma/GED (Documentation in File)   |                           |
| 21 Years of Age   |   | Military Service if applicable (Documentation in File)  |                           |

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

| Name | Street Address, City, State, Zip Code | Home Telephone No. | Work Telephone No. | Years Known |
|------|---------------------------------------|--------------------|--------------------|-------------|
|      |                                       |                    |                    |             |
|      |                                       |                    |                    |             |
|      |                                       |                    |                    |             |
|      |                                       |                    |                    |             |

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.**  
Use the Continuation Sheet if necessary.

| Name | Street Address, City, State, Zip Code | Home Telephone No. | Relationship |
|------|---------------------------------------|--------------------|--------------|
|      |                                       |                    |              |
|      |                                       |                    |              |
|      |                                       |                    |              |
|      |                                       |                    |              |
|      |                                       |                    |              |

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

| Name | Relationship | Age | Street Address, City, State, Zip code | Telephone No. |
|------|--------------|-----|---------------------------------------|---------------|
|      |              |     |                                       |               |
|      |              |     |                                       |               |
|      |              |     |                                       |               |
|      |              |     |                                       |               |
|      |              |     |                                       |               |

|  |  |                  |   |                  |
|--|--|------------------|---|------------------|
| <b>AGENCY VERIFICATION:</b>                          |  | <b>INITIALS:</b> | <b>DATE:</b>                            | <b>INITIALS:</b> |
| Personal References Contacted and Results Documented |  |                  | Residences and Family References Listed |                  |

**21. EMPLOYMENT HISTORY:** Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

| Dates of Employment |    | Name and Address of Employer<br>(Street, City, State) | Supervisor's Name<br>and Phone Number | Job Title/Duties | Reason for Leaving |
|---------------------|----|---|---------------------------------------|------------------|--------------------|
| From                | To |   |                                       |                  |                    |
|                     |    |   |                                       |                  |                    |
|                     |    |   |                                       |                  |                    |
|                     |    |   |                                       |                  |                    |
|                     |    |   |                                       |                  |                    |
|                     |    |   |                                       |                  |                    |
|                     |    |   |                                       |                  |                    |
|                     |    |   |                                       |                  |                    |

**22. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** (Beginning with the most recent):

| School | Dates Attended | Course of Study | Degree Received or Total Credit Hours |
|--------|----------------|-----------------|---------------------------------------|
|        |                |                 |                                       |
|        |                |                 |                                       |
|        |                |                 |                                       |
|        |                |                 |                                       |

**23. RESIDENCES:** List all residences during the past five years. Use the Continuation Sheet if necessary.

| From | To | Street Address | City | State/County |
|------|----|----------------|------|--------------|
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |
|      |    |                |      |              |

|  |                  |  |                  |
|--|------------------|--|------------------|
| <b>AGENCY VERIFICATION:</b>                        | <b>INITIALS:</b> | <b>DATE:</b>                                   | <b>INITIALS:</b> |
| Employment Verified and Results Documented         |                  | Certificates or Degrees, Documentation in File |                  |
| Residences Verified and Results Documented in File |                  |  |                  |

24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

| Date | Location | Police Agency | Original Charge | Disposition/Court Action |
|------|----------|---------------|-----------------|--------------------------|
|      |          |               |                 |                          |
|      |          |               |                 |                          |
|      |          |               |                 |                          |
|      |          |               |                 |                          |
|      |          |               |                 |                          |

25. **CIVIL ACTIONS** List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

| Date | Location | Action or Proceeding | Disposition/Court Action |
|------|----------|----------------------|--------------------------|
|      |          |                      |                          |
|      |          |                      |                          |
|      |          |                      |                          |
|      |          |                      |                          |
|      |          |                      |                          |

|  |  |
|--|--|
| <p>26. <b>CURRENT DRIVER'S LICENSE</b></p> <p>State: _____ Expiration Date: _____</p> <p>Current Drivers License Number: _____</p> | <p>27. <b>PREVIOUS DRIVER'S LICENSE INFORMATION</b></p> <p>List all states/countries where you have been licensed:</p> <p>_____</p> <p>_____</p> |
|--|--|

28. **Have you ever had your Driver's License revoked or suspended?** YES  NO  If YES, provide a full explanation on the Continuation Sheet.

29. **MOTOR VEHICLE OPERATION:** List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

| Date | Location and Issuing Agency | Violation Charged | Collision Related  | Court Disposition |
|------|-----------------------------|-------------------|--|-------------------|
|      |                             |                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
|      |                             |                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
|      |                             |                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
|      |                             |                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
|      |                             |                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |
|      |                             |                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |                   |

|  |                  |   |                  |
|--|------------------|---|------------------|
| <b>AGENCY VERIFICATION:</b>                                  | <b>INITIALS:</b> | <b>DATE:</b>  | <b>INITIALS:</b> |
| Police Contacts Queried and Results Documented in Files      |                  | Civil Actions Queried and Results Documented in Files |                  |
| Motor Vehicle Records Queried and Results Documented in File |                  |   |                  |

**30. ILLEGAL/NON-MEDICAL USE OF OR CRIMINAL INVOLVEMENT WITH DRUGS/CONTROLLED SUBSTANCES:**  
 In this section, disclose all illegal drug use (or criminal involvement) that was not for the purpose of treating or alleviating the symptoms of a medical condition.  
 Drug use for medical purposes will be disclosed in a different portion of the application process.

| TYPE OF DRUG                       | HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN? | HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?          | IF YES HOW MANY TIMES? | HOW MANY TIMES AFTER AGE 21? | DATE FIRST USED | DATE LAST USED |
|------------------------------------|--|--|------------------------|------------------------------|-----------------|----------------|
| MARIJUANA                          | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| COCAINE/CRACK                      | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| METHAMPHETAMINE/SPEED              | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| HEROIN                             | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| OPIUM                              | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| MORPHINE                           | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| LSD/ACID                           | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| PEYOTE                             | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| MESCALINE                          | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| HASHISH                            | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| STEROIDS                           | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| ANY OTHER ILLEGAL DRUG OR NARCOTIC | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |
| ILLEGAL USE OF PRESCRIPTION DRUGS  | YES <input type="checkbox"/> NO <input type="checkbox"/>               | YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |                              |                 |                |

31. **IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:**

|   |  |
|---|--|
| a. How the drug was ingested or consumed, | d. How the drug was obtained,                  |
| b. The duration of usage,                 | e. Why you stopped using the drug,             |
| c. The motivation for use,                | f. Any other factors you believe are relevant. |

32. **CRIMINAL CONDUCT:**

|  |  |
|--|--|
| a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state?             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If Yes to either 32a or 32b, provide a full explanation on the Continuation Sheet.

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means?

YES  NO

If YES provide a full explanation on the Continuation Sheet.

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations?

YES  NO

If YES provide a full explanation on the Continuation Sheet.

| AGENCY VERIFICATION:  | INITIALS: | DATE:             | INITIALS: |
|---|-----------|-------------------|-----------|
| Applicant Meets Drug Standards/Does Not Meet Standards Yes <input type="checkbox"/> No <input type="checkbox"/> |           | ACIC/ACCH Checked |           |
| Criminal History Check Completed and Documentation in File  |           | NCIC/III Checked  |           |

**35. Do you have prior peace officer certification/employment in Arizona or any other state(s)?** YES  NO

| If YES provide the following information:<br>Name of Agency | Dates of Employment |    | City | State |
|---|---------------------|----|------|-------|
|   | From                | To |      |       |
|   |                     |    |      |       |
|   |                     |    |      |       |
|   |                     |    |      |       |
|   |                     |    |      |       |
|   |                     |    |      |       |
|   |                     |    |      |       |

- a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.
- b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason?  
If YES provide a full explanation on the Continuation Sheet. YES  NO
- c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor?  
If YES provide a full explanation on the Continuation Sheet. YES  NO
- d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion. YES  NO

**36. Have you applied with any other law enforcement agencies in the past three years?** YES  NO

| If YES provide the following information:<br>Name of Agency | Date of Application | Was Polygraph taken?                                     |
|---|---------------------|--|
|   |                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |

**37. CERTIFICATION:**  
I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

| AGENCY VERIFICATION:  | INITIALS: | DATE:   | INITIALS: |
|---|-----------|---|-----------|
| Previous Agencies Applied To Queried and Results Documented |           | Certification History Verified and Results Documented in File |           |
| Training and Firearms Requirements Documentation in File    |           | Valid Certification Verified and Documentation in File        |           |
| Improper Conduct Researched and Documentation in File       |           | Fingerprint Card Submitted - AZ DPS                           |           |
| Signature and Date Completed                                |           | Fingerprint Card Submitted - FBI                              |           |





Applicant Name: \_\_\_\_\_ Agency: \_\_\_\_\_

| <b>AGENCY VERIFICATION OF APPLICANTS<br/>QUALIFICATIONS AND DOCUMENTATION</b>  |   | Please<br>initial                     |
|--|---|---------------------------------------|
| Page 1   | Code of Ethics read, signed and dated.                                  |                                       |
| Page 2   | Authorization for Release of Information fully completed and notarized. |                                       |
| Page 3   | Agency Verification completed and results documented in file.           |                                       |
| Page 4   | Agency Verification completed and results documented in file.           |                                       |
| Page 5   | Agency Verification completed and results documented in file.           |                                       |
| Page 6   | Agency Verification completed and results documented in file.           |                                       |
| Page 7   | Agency Verification completed and results documented in file.           |                                       |
| Page 8   | Agency Verification completed and results documented in file.           |                                       |
| In-Person Review of AZPOST PH with Applicant to confirm information  |   |                                       |
| Lateral Applicants – Prior Agency personnel file reviewed for past performance and/or prior misconduct   |   |                                       |
| Applicant has applied with other agencies – inquiry completed with agency to determine status and/or disqualifiers identified.   |   |                                       |
| Inconsistent information from applicant during background process, including polygraph, corrected by applicant on AZPOST PH form.  |   |                                       |
| Applicant meets minimum qualifications and documentation is complete and in file.  |   |                                       |
| Applicant does not meet minimum qualifications.  |   | <b>Application Process Terminated</b> |
| <b>Reason for Disqualification:</b>  |   |                                       |
|  |   |                                       |
| Medical Examination completed and in file and applicant meets standards.   |   |                                       |
| Medical Examination completed and in file and applicant does not meet standards  |   |                                       |
| ME and MH forms properly completed and in file.  |   |                                       |
| F.B.I./D.P.S. record checks completed and in file.   |   |                                       |
| F.B.I./D.P.S. record checks completed and in file and reflects arrest record.  |   |                                       |
| F.B.I./D.P.S. record checks has been submitted, no return yet.   |   |                                       |
| NCIC/III/ACIC/ACCH records check completed and in file and no record found.  |   |                                       |
| NCIC/III/ACIC/ACCH records check completed and in file and record found.   |   |                                       |
| Polygraph completed and report in file and applicant passed  |   |                                       |
| Polygraph completed and report in file and applicant failed.   |   |                                       |
| Applicant does not meet all requirements.  |   | <b>Application Process Terminated</b> |
| <b>Reason for Disqualification:</b>  |   |                                       |
|  |   |                                       |
| <b>AGENCY CERTIFICATION:</b>   |   |                                       |
| <p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.</p> |   |                                       |
| NAME OF REVIEWER: _____  |   | TITLE: _____                          |
| SIGNATURE OF REVIEWER: _____   |   | DATE: _____                           |