

**Police Chiefs’ Association of Orange County Police Academy**

520 Sue Kelly Avenue, New Windsor, N.Y. 12553

(845) 567-6042

**BASIC SCHOOL REGISTRATION FORM**

**Print all entries legibly in black ink**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_\_\_\_**

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_**

**Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C/T/V: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C/T/V: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Supplemental Recruit Information

**Prior Police Experience: □ Yes □ No If Yes, what Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Military Experience: □ Yes □ No If yes, what Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_ M.O.S. \_\_\_\_\_\_\_**

**Dates from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_\_\_**

**Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Award(s) / Medals(s): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Dependents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you, or have you ever, possessed a certification in any of the following areas?**

1. **Paramedic: □ Yes □ No State: \_\_\_\_\_\_\_\_ Certification #: \_\_\_\_\_\_\_\_Expiration: \_\_\_\_\_\_**
2. **E.M.T.: □ Yes □ No State: \_\_\_\_\_\_\_\_ Certification #: \_\_\_\_\_\_\_\_Expiration: \_\_\_\_\_\_\_**
3. **C.P.R.: □ Yes □ No State: \_\_\_\_\_\_\_\_ Certification #: \_\_\_\_\_\_\_\_Expiration: \_\_\_\_\_\_\_**

**Do you hold any professional or trade licenses or certifications? □ Yes □ No**

**List, describe and include expiration date if applicable.**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Recruit Medical Information

**Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On Prescription Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Recruit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Training Staff Only***

**Squad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ht.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wt.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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**BACKGROUND INVESTIGATION CERTIFICATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

**Last Name (Please Print) First Name M.I.**

**A background investigation has been conducted on the above name recruit by this agency and he/she has demonstrated the necessary character and reputation deemed to be part of the established requirements and qualifications to be appointed to the position of a law enforcement officer.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: (Print) Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency**

**\* Note: The Chief or Sheriff of agency must sign certification.**



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## BASIC COURSE AMMUNITION REQUIREMENTS

**All ammunition must be FACTORY AMMUNITION. Service ammunition**

**and/or factory ammunition, which are equivalent to the service ammunition, may be used**

**Handgun ammunition requirements:**

**2,500 rounds (1000 of this total must be actual service ammunition)**

**Shotgun ammunition requirements:**

**150 rounds of Buck 00**

**250 rounds of slug**

**Red Gun training gun**

**A complete cleaning kit for each recruit is the responsibility of each department**

**One pair safety glasses and one set hearing protection for the range**

**Police Chiefs' Association of Orange County Police Academy**

**PHYSICAL TRAINING STANDARDS**

**BASIC POLICE SCHOOL**

**MALE / FEMALE REPETITIONS FOR AGE AND GENDER — PUSH-UPS (NO TIME LIMIT)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **20-29** | | **30-39** | | **40-49** | | **50-59** | | **60+** | |
|  | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| **Entry** | **29** | **15** | **24** | **11** | **18** | **9** | **13** | **N/A** | **10** | **N/A** |
| **Exit** | **33** | **18** | **27** | **14** | **21** | **11** | **15** | **9** | **15** | **9** |

**MALE / FEMALE REPETITIONS FOR AGE AND GENDER — SIT-UPS (I minute)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **20-29** | | **30-39** | | **40-49** | | **50-59** | | **60+** | |
|  | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| **Entry** | **38** | **32** | **35** | **25** | **29** | **20** | **24** | **14** | **19** | **6** |
| **Exit** | **40** | **35** | **36** | **27** | **31** | **22** | **26** | **17** | **20** | **8** |

**MALE BY AGE — TIME FOR 1.5 MILE RUN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **20-29** | **30-39** | **40-49** | **50-59** | **60+** |
| **Entry** | **12:51** | **13:36** | **14:29** | **15:26** | **16:43** |
| **Exit** | **11:58** | **12:24** | **13:12** | **14:23** | **15:56** |

**FEMALE BY AGE—TIME FOR 1.5 MILE RUN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **20-29** | **30-39** | **40-49** | **50-59** | **60+** |
| **Entry** | **15:26** | **15:57** | **16:58** | **17:54** | **18:44** |
| **Exit** | **14:04** | **14:34** | **15:34** | **17:19** | **19:04** |

Dear Examining Physician:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a candidate for entry into the Police Chief’s Association of Orange County Police Academy Basic Course for Police Officer. As part of the screening process, the candidate will have to pass a Physical Agility Test. Before the test can be administered, the candidate must be examined by a physician for a determination that the candidate’s fitness level is sufficient to safely attempt the test. The format of the test is outline below:

**Sit-Up:** Muscular Endurance (Core Body). The score indicated below is the number of bent leg sit-ups performed in one minute.

**Push-Ups:**  Muscular Endurance (Upper Body). The score indicated below is a maximum number of full body repetitions that a candidate must complete without breaks.

**1.5 Mile Run:** Cardiovascular Capacity – the score indicated below is calculated in minutes/seconds.

**AGE/SEX - 40%**

|  |  |  |  |
| --- | --- | --- | --- |
| **MALE** | **SIT-UP** | **PUSH-UPS** | **1.5 MILE RUN** |
| **20-29** | **38** | **29** | **12:38** |
| **30-39** | **35** | **24** | **12:58** |
| **40-49** | **29** | **18** | **13:50** |
| **50-50** | **24** | **13** | **15:06** |
| **60+** | **19** | **10** | **16:46** |
| **FEMALE** | **SIT-UP** | **PUSH-UPS** | **1.5 MILE RUN** |
| **20-29** | **32** | **15** | **14:50** |
| **30-39** | **25** | **11** | **15:43** |
| **40-49** | **20** | **9** | **16:31** |
| **50-50** | **14** | **N/A** | **18:18** |
| **60+** | **6** | **N/A** | **20:16** |

**After reviewing the test and examining the candidate, please complete the Physician's Certification and return it to the candidate, for presentation at the time of the Physical Agility Test.**

**Physician's Certification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have examined Police Chiefs’ Association of

(Name of Doctor)

Orange County Police Academy candidate, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Candidate)

and believe that he/she can safely participate in the Police Chiefs’ Association of Orange County Police Academy Physical Agility Test outline above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature Date



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## ACADEMY UNIFORM

**(2) Gray pants**

**(2) Gray long sleeve shirts with button pockets**

**Black tie (clip on)**

**Black boots**

**Black socks**

**Black BDU pants**

**Black belt**

**Department winter coat**

**Black gloves**

**Black knit cap**

**White Tee shirt**

## PT UNIFORM

**(2) Navy Blue sweat shirt top with last name in white letters on the back**

**(2) Navy Blue sweat pants**

**(2) Navy Blue 50/50 blend shorts**

**(2) Navy Blue 50/50 blend t-shirts**

**White socks (ankle)**

**Running shoes**

**Water bottle**

## CLASS ROOM

**3-inch ring binder for type notes**

**Notebook for hand notes**

**Highlighters**

**Black pens**

**Black carry bag**

**CLASSROOM GEAR**

**Duty belt with all associated cases/pouches.**

**Ballistic vest (a used vest will suffice until recruit can be measured for sizing)**

**Blue gun or similar**



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**RECRUIT REQUIREMENTS, ADDITIONAL GEAR AND MISCELLANEOUS:**

* **Recruits are to report punctually at 0800 hours and be in proper uniform.**

* **Uniform (gray long-sleeved shirt with button pockets, gray trousers, black tie, black socks and shined black boots) is to be worn on Day 1.**

* **Appearance: All recruits will be clean-shaven (no mustaches) and have proper haircuts. Female recruits will have neat hair that is not touching their shirt collar.**

* **Must have appropriate PT gear for physical training on Day 1.**

* **Recruits should bring lunch each day and be properly hydrated.**
* **Recruits must possess a valid New York State driver’s license for the duration of the training. The operation of motor vehicles is required for training purposes.**
* **One LAERDAL brank pocket mask with one-way valve and oxygen port is required for C.P.R. training.**
* **50 rounds simunition FX or blank, Sim gun and mask/groin protection for active shooter training (training does not take place until area of week 18).**

Chief or Administrative Officer,

If you have previously registered an officer for the Basic Course for Police, held at the Orange County Police Academy, gear requirements may have changed.

Please review all gear requirements. Blue gun or similar has been added in, and as soon as possible after the academy starts, I wish to have all recruits in vests, with gear belt and blue gun. I will not require any officer wear gear until all recruits have their gear available.

I am scheduling firearms starting the week three so recruits will need their firearm at that time.

Lastly, I would appeal to you to provide your recruit officer(s) with an unmarked car if at all possible to avoid having an unarmed officer in a marked unit.



Greg Metakes

Police Academy Director

THIS FORM IS USED TO REGISTER A POLICE OFFICER WITH THE DIVISION OF CRIMINAL JUSTICE SERVICES.

**USE THIS FORM FOR ALL INITIAL APPOINTMENTS AND TRANSFERS.** FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

Pursuant to Executive Law §845, police officer employers are required to register police officers with the Division of Criminal Justice Services (DCJS). DCJS uses the police registry to determine an individual’s eligibility to receive a police training certificate, and for other lawful purposes. DCJS reserves the right to require further documentation as necessary to properly classify a registrant. The information provided may be added to the registry and made available pursuant to law.

### S E C T I O N I: REGISTRANT INFORMATION

This section must be completed by the police officer registrant. Only individuals appointed to positions defined in Criminal Procedure Law Section 1.20, subdivision 34 are eligible for registration.

Type or print legibly, the registrant’s last name, first name, middle initial, date of birth, gender and Social Security Number. Enter the home mailing address, county of residence, home street address (if different) of the registrant. Temporary addresses are not acceptable. If the registrant is temporarily living away from home (e.g. enrolled at a college or university, on military assignment, etc.) DO NOT list the temporary address. Enter the registrant’s city/state/country of birth (if other than U.S.). Registrants not born in the United States MUST include a certified copy of one of the following:

(1) naturalization papers; (2) Department of State Birth certificate; or (3) currently valid United States Passport. Carefully read the certification. Sign and date in the area provided. With the exception of Social Security Number, the information in Section I is required. Incomplete submissions will not be processed.

### S E C T I O N I I: AGENCY INFORMATION

Unless a written agreement is on file with DCJS, this section must be completed by the Chief Law Enforcement Officer (Chief, Sheriff, Director) of the appointing authority. The Executive Law mandates that all police officers must be registered with the Division of Criminal Justice Services. The information in Section II identifies the law enforcement agency with which the registrant is a police officer.

Type, or print legibly, the chief law enforcement officer’s last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the law enforcement agency. Indicate whether the appointment is full-time or part-time, whether background and residency checks were conducted, and if fingerprints were submitted to DCJS. Carefully read the certification. Sign and date in the area provided. All the information in Section II is required. When signing this section, the CEO is verifying their responsibility to provide the registrant with the requisite basic training pursuant to §209-q of the General Municipal Law. Incomplete submissions will not be processed.

### S E C T I O N I I I: CIVIL SERVICE INFORMATION

The appropriate civil service commission officer must complete this section for all registrants, both full and part time. Civil Service Law mandates that the appointment of officers to the police force of a police department or police district must meet certain requirements. The information in Section III describes the registrant’s appointment.

Type or print legibly, the civil service officer’s last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the civil service commission. Enter the job title and civil service classification of the person named in Section I. This should be the specific title/classification to which the registrant was appointed and that appears on the agency payroll. Carefully read the certification. Sign and date in the area provided. The information in Section III is required. Incomplete submissions will not be processed.

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### S E C T I O N I V: OATH OF OFFICE

This section must be completed by the appropriate registrar/recorder of oaths of office. The Public Officers’ Law mandates that every officer take and file an oath of office. The Information in Section IV indicates the date the oath was taken by the registrant, the place of filing, and title of the office.

Type or print legibly, the registrar/recording officer’s last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the registrar’s/recorder’s office. Enter the date the person named in Section I took and filed the oath of office for the position to which he or she was appointed with the agency named in Section II. Indicate the title of the office to which the registrant was sworn (e.g. police officer, deputy sheriff, etc). The oath of office date is the date recorded by DCJS as the appointment date of the officer. Carefully read the certification. Sign and date in the area provided. The information in Section IV is required. Incomplete submissions will not be processed.

### Mailing Instructions

Mail completed forms to:

NYS Division of Criminal Justice Services

Office of Public Safety – Records Unit

4 Tower Place, 4th Floor

Albany, NY 12203

### Questions

If you have any questions regarding this form, call (518) 457-4762 for assistance.

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**S E C T I O N I – REGISTRANT INFORMATION** (To be completed by the registrant)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | | MI | Date of Birth | Gender  M F | | | Social Security Number | |
| Home Residence Mailing Address | | City, State, Zip | | | | | County of Home Residence | | |
| Home Residence Street Address (if Different) | | City, State, Zip | | | | City, State, Country of birth (if other than U.S.) | | | |
| *I am the person named above. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.* | | | | | | | | | |
| Signature | | | | | | | | | Date |

**S E C T I O N I I – AGENCY INFORMATION** (To be completed by the chief law enforcement officer)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | | MI | Title of Person Signing Section II | | | |
| Name of Law Enforcement Agency | | | | | | | Telephone | | |
| Address | | | | City, State, ZIP | | | | | |
| Type of Appointment  Full-time Part-time | Background Check Conducted  Yes No | | Residency Verified  Yes No | | | | | Fingerprints submitted to DCJS  Yes No | |
| *I am the chief law enforcement officer responsible for appointing the person named in Section I as a police officer of the above named law enforcement agency. I understand that the information in Section II is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand I am responsible for providing the registrant with the requisite training* ***pursuant to §209-q of the General Municipal Law***. | | | | | | | | | |
| Signature | | | | | | | | | Date |

**S E C T I O N I I I – CIVIL SERVICE INFORMATION** (To be completed by the civil service officer for all registrants Full or Part-time)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | | MI | Title of Person Signing Section III | | |
| Name of Civil Service or Personnel Agency | | | | | Telephone | |
| Address | | City, State, ZIP | | | | |
| Title and Civil Service Classification of the Registrant | | | | | | |
| *I am the civil service officer responsible for certifying the appointment of individuals appearing on the payroll of the law enforcement agency named in Section II. I understand that the information in Section III is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.* | | | | | | |
| Signature | | | | | | Date |

**S E C T I O N I V – OATH OF OFFICE** (To be completed by the registrar responsible for recording oaths of office)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | MI | Title of Person Signing Section IV | | |
| Name of Recording Office | | | | | | Telephone | |
| Address | | | City, State, ZIP | | | | |
| Oath of Office Date | Oath of Office Title of the Registrant | | | | | | |
| *I am the officer responsible for recording the oaths of office of individuals appointed as police officers of the law enforcement agency named in Section II. The person named in Section I has filed an oath of office as a police officer, pursuant to an appointment received from the person named in Section II. I understand that the information in Section IV is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.* | | | | | | | |
| Signature | | | | | | | Date |

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