Alaska Police Standards Council PO Box 111200 Juneau, AK 99811-1200

Ph: 907 465-4378 Email: APSC@alaska.gov

APPLICATION FOR CERTIFICATION

CHEC	Police Correct	ional 🗌 Proba	tion/Parole 🗌 Vill	age Police	Basic Int	terme	diate \square	Advan	ced		
1.	Name (Last, First, N	Middle)		2. Social Security	Number	3.	Date of Bi	rth 4.	Sex		
_	Hama Adda a / Ctua	-4 Cit. 7i-									
5.	Home Address (Stre	ei, City, Zip)									
6.	Personal E-mail: 7. Personal Phone:										
CR	CRIMINAL JUSTICE EXPERIENCE: (if more space is needed, use page 2.) Dates of Employment										
8.	Agency (list present		Address	, ,	То	F	rom	Highest	Rank		
CR	IMINAL JUSTICE	TRAINING: (if	more space is needed,	use page 2.)							
9.	Course		Sponsor			Cours	se Hours	Date Co	ompleted		
ACADEMIC EDUCATION: (provide official college transcript if application is for Intermediate or Advanced Certificate.)											
10.	High School	-	Location	,,	Dates Atten		Diploma	GED	State		
11	College		Location		Major	I Day		Consulit.	l lun au		
11.	College		Location		iviajoi	Major Dates Atten		led Credit Hrs. or Degree			
12	Here was aver been		NO H		and and and an area in				-l <i>f</i>		
12. Have you ever been arrested? YES NO Have you ever been discharged, asked to resign, or involuntarily terminated from employment? YES NO If answer is YES to either question, show date, disposition, reason and by whom on the 2 nd page of this application form.											
			Jnited States; I have re						Lam		
app	lying for a basic certi	fication; and, that	have been employed f I acknowledge the info	rmation contained on							
dete	determining my eligibility and qualifications for training, employment, and certification.										
I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge.											
	Done at		, Alaska on the	day of				. 20			
				aa, or _				_,	·		
SWORN TO AND SUBSCRIBED BEFORE ME											
	Applicant			this	day of			20			
				u 113	uay u			_, 20	·		
		Notary Public in and for Alaska									
					My Commission Expires:						
Cili	·			1013 0017111111							

APSC 7/12/2022

RECOMMEN	DATION:										
It is recommended that the above applicant be certified. I certify under penalty of perjury that the applicant has complied with the minimum standards established pursuant to AS 18.65.240 or AS 18.65.242, is of good moral character and is worthy of certification. My opinion is based upon personal knowledge or inquiry and the personnel records of this jurisdiction substantiate the recommendation.											
Department/Agency Head Signature Date											
Please attach payment (made out to APSC) in the amount of 50.00 for each certificate.											
APSC USE											
APSC Approva	ıl	Type Certificate	Date Approved								
SECTION NUMBER	ADDITIONAL INFORMATION OR COMMENTS										

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