Alaska Police Standards Council
PO Box 111200
Juneau, AK 99811-1200
Ph: 907 465-4378

APPLICATION FOR CERTIFICATION

F-7

CHECK ONE: ☐ Police ☐ Correctional ☐ Probation/Parole

CHECK ONE: ☐ Basic ☐ Intermediate ☐ Advanced

1. Name (*Last, First, Middle*)	2. Social Security Number	3. Date of Birth	4. Sex

5. Home Address (*Street, City, Zip*)	6. Height	7. Weight	8. Hair	9. Eyes

10. Race (*optional*) ☐ African American ☐ Alaska Native ☐ Asian/Pacific Islander ☐ Hispanic ☐ Native American ☐ Caucasian ☐ Other

CRIMINAL JUSTICE EXPERIENCE: (*if more space is needed, use page 2.*)

11. Agency (*list present agency first*) Address	Dates of Employment To	From	Highest Rank

CRIMINAL JUSTICE TRAINING: (*if more space is needed, use page 2.*)

12. Course Sponsor	Course Hours	Date Completed

13. Do you possess a valid Standard American Red Cross First Aid Card? ☐ YES ☐ NO or APSC Equivalent Card?_____

ACADEMIC EDUCATION: (*provide official transcript if application is for Intermediate or Advanced Certificate.*)

14. High School Location	Dates Attended	Diploma	GED	State

15. College Location	Major	Dates Attended	Credit Hrs. or Degree

16. 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 2nd page of this application form.

I attest that I am a citizen of the United States or a resident alien who has demonstrated intent to become a citizen. I have read and subscribed to the Enforcement Code of Ethics or the Alaska Department of Corrections Code of Ethics. If applying for a basic certificate, I attest I have been employed full-time for the past twelve months with my present employer.

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_____.

_____
Applicant

SWORN TO AND SUBSCRIBED BEFORE ME

this_____day of_____, 20_____.

_____
Notary Public in and for Alaska

My Commission Expires: _____

PD: _____
CERT#: _____
CERT EFF:

RECOMMENDATION:

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 Approval	Type Certificate	Date Approved

SECTION NUMBER	ADDITIONAL INFORMATION OR COMMENTS