STATE OF ALASKA

DEPARTMENT OF PUBLIC SAFETY



APPLICATION

for a SPECIAL OFFICER COMMISSION

This packet contains:

- General information and instructions
- Application for a Special Officer Commission

Direct inquiries to:

Department of Public Safety Office of the Commissioner 5700 East Tudor Road, Anchorage, AK 99507 Phone (907) 269-4542 FAX (907) 269-4543 dps.specialcommission@alaska.gov

GENERAL INFORMATION Retain for your files

1. SPECIAL OFFICER COMMISSION

By applying for a special officer commission, you acknowledge that you have read and understand the state law AS 18.65.010, relating to the appointment of special officers. Appointment as a Special Officer will be limited to 24 months at which time a renewal application must be submitted.

2. APPLICATION PROCESS

Review your application and all required documentation before you submit them. Failure to submit a properly completed application and all required supporting documentation listed in #3 below may delay the processing of your application.

- Your supervisor must sign the application.
- If approved, you will receive a Certificate of Commission and an ID Card.

3. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH INITIAL APPLICATIONS:

- □ a. **One complete fingerprint card of acceptable technical quality.** Fingerprints submitted must be on a standard 8" x 8" FBI Applicant Fingerprint Card and be rolled by a person or agency approved by the department or by a law enforcement agency or state correctional facility at the discretion of the agency or facility. Submit to address below.
- b. **One quality frontal view color photograph** with plain background taken within the 30 days preceding your application. Top of head to top of shoulders. No hats or sunglasses. Submit as an attachment.
- C. One photocopy of your credentials issued by your employer. Submit as an attachment.
- d. **Official job description and duties if not employed as a police officer.** Submit as an attachment.
- e. Copy of your agency policies and procedures as they relate to the purpose of the requested Special Commission. Submit as an attachment.

4. THE FOLLOWING ITEM MUST BE SUBMITTED WITH <u>RENEWAL</u> APPLICATIONS:

A. **One quality frontal view color photograph** with plain background taken within the 30 days preceding your application. Top of head to top of shoulders. No hats or sunglasses.

5. ADDRESS FOR APPLICATION SUBMISSION:

All items (except 3a fingerprint card) should be emailed to <u>dps.specialcommission@alaska.gov</u>. Fingerprint card should be mailed to:

Department of Public Safety Office of the Commissioner 5700 East Tudor Road Anchorage, AK 99507

ALASKA
DEPARTMENT OF PUBLIC SAFETY
Office of the Commissioner

APPLICATION FOR SPECIAL OFFICER COMMISSION

Please type or print

A special officer commission may be authorized when it is necessary to aid and assist State Troopers in the enforcement of the criminal laws of the state. AS 18.65.010

Application type:	NEW	RENEWAL – Expiration date of current Special Officer commission:
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1. APPLICANT INFORMATION

FIRST NAME			MIDDLE	MIDDLE NAME		LAST NAME	SUFFIX
DATE OF BIRTH (MM/DD/YYY)		SOCIAL SECURITY NUMBER					
HEIGHT		WEIGHT	HAIR COLOR	EYE COLOR	DAYTIME TELEPHONE NUMBER		
FT	IN	LBS				Hom	ne 🗌 Work 🗌 Cell

2. EMPLOYING AGENCY INFORMATION

EMPLOYING AGENCY		YOUR OFFICIAL JOB TITLE		
AGENCY PHYSICAL ADDRESS	СІТҮ		STATE	ZIP CODE
AGENCY MAILING ADDRESS (IF DIFFERENT)	СІТҮ		STATE	ZIP CODE

3. CRIMINAL CONVICTIONS (If any, including SIS, SI, Pardon, Expungement)

DATE OF ARREST	CHARGE(S)	DISPOSITION

4. LAW ENFORCEMENT CERTIFICATION

STATE/ FEDERAL	TYPE OF CERTIFICATION	DATE CERTIFIED	CERTIFICATION NUMBER

5. QUALIFIED TRAINING (IF NOT A CURRENTLY CERTIFIED LAW ENFORCEMENT OFFICER)

			DATES ATTENDED	
COURSE OR SCHOOL ATTENDED	TAUGHT BY	HOURS	FROM	то

6. ALASKA STATUTES AND/ OR REGULATIONS THAT AUTHORIZE THE AUTHORITY OF YOUR POSITION DUTIES

STATUTE/ REGULATION CITATION	SHORT TITLE
REGULATION CITATION	

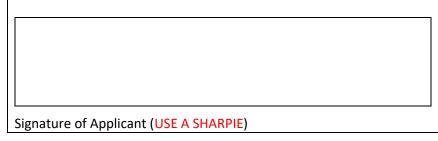
8. HOW WOULD THE ISSUANCE OF A SPECIAL COMMISSION DIRECTLY SUPPORT THE MISSION OF THE ALASKA STATE TROOPERS?

9. CERTIFICATION

I HEREBY CERTIFY THAT: All statements, answers, and attachments to this application are true and complete. I understand that a criminal history background check will be conducted as part of the application process which may involve computerized records searches and I authorize these checks.

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT: I will support and defend the Constitution of the United States and the Constitution of the State of Alaska, and that I will faithfully discharge my duties as Special Officer of the Alaska Department of Public Safety to the best of my ability.

Date



10. EMPLOYING AGENCY CONCURRENCE

I support the issuance of a Special Officer commission for the above-named applicant for the purpose of aiding and assisting State Troopers in the enforcement of the criminal laws of Alaska. **This position requires** does not require the named applicant to carry a firearm. Full Name of Agency Head or Designee (clearly printed or typed) Signature of Agency Head or Designee Email address Phone Number

Department Use Only
Approved
Not Approved
Signed By_____