GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF LICENSING AND CONSUMER PROTECTION

Occupational and Professional Licensing Division

METROPOLITAN POLICE DEPARTMENT

Security Officers Management Branch

Arrest Affidavit



INITIALS

Commission Expiration:

PLEASE READ THE FOLLOWING CAREFULLY

I certify that all documents and information that I have provided regarding my arrest history to be true and correct. I understand the making for false statements is punishable by criminal penalties as listed: **D.C. Code, Section 22-2405** states in part "A person who commits the offense of making false statements, if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties" **D.C. Code, Section 22-2404** states "A person commits the offense of false swearing if under oath or affirmation he or she willfully makes a false statement, in writing, that is in fact material and the statement is one which is required by law to be sworn or affirmed before a notary public or other person authorized to administer oaths." **Violations of these two statutes can result in your application being disapproved.**

I acknowledge that I have read the above statues:

The undersigned applicant hereby certifies to never having been arrested for a criminal offense anywhere in the U <u>nited S</u> tates in the past, except for the following:							
CHAR				mg.	DISPOSITION		
Nama (Diago min	.4\		Cimpatura				
Name (Please prin	it)		Signature				
Date of Birth		Age:S	ocial Security Number				
Affiliated Agency] PD			
	(Name and licer	nse number)			(License Number)		
Subscribed and swo	rn to before me,	a Notary Public, this _	day of		,		
20 (Seal)			Notary	Public:			



RESIDENCE AND EMPLOYMENT HISTORY

1. Places and dates of **residence for the last 10 years:**

DATE	STREET ADDRESS	CITY	STATE

2. Places and dates of employment in the last 10 years:

START DATE	END DATE	POSITION	ORGANIZATION	ADDRESS