GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Occupational and Professional Licensing Administration

METROPOLITAN POLICE DEPARTMENT

Security Officers Management Branch



Arrest Affidavit

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 | e read the above stat | tues: | |
|-------------------------|--|------------------------|----------|---------|
| • | nt hereby certifies to never having sat, except for the following: | ng been arrested for a | | ere in |
| CHARGE | CITY & STATE OF OFFENSE | DATE | DISPOSIT | ION |
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| Name (Please print) | | Signature | | |
| Date of Birth | Age: | _Social Security Num | ber | |
| Affiliated Agency | Name and license number) | ☐ SPO/SCP ☐ SO ☐ PD(Li | | Number) |
| Subscribed and sworn to | before me, a Notary Public, this _ | day of | , 20 | _ |
| (Seal) | | Notary Public: | | _ |
| | | Commission Expira | ation: | |

RESIDENCE AND EMPLOYMENT HISTORY

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

| DATE | STREET ADDRESS | CITY | STATE |
|------|----------------|------|-------|
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2. Places and dates of employment in the last 10 years:

| START DATE | END DATE | POSITION | ORGANIZATION | ADDRESS |
|---------------|-------------|----------|--------------|---------|
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