



The Commonwealth of Massachusetts
Department of State Police

Original Application for Appointment as a Special State Police Officer

This application is in accordance with the provisions of M.G.L. C.22 § _____. Applicant must be 19 years old, a United States citizen, and an employee of an agency described in M.G.L. c. 22C, §§ 56 through 68. In accordance with 515 CMR, the applicant must forward a completed application package including an agency check in the amount of \$100.00 (if applicable) made payable to the Department of State Police, one fingerprint card, and copies of all required training and educational credentials to the Department.

Applicant

Applicant Name		Date of Birth	
Place of Birth		SSN	
Height	Weight	Hair Color	Eye Color
Phone No.	Address		
Father's Full Name		Mother's Full & Maiden Name	
Are you a citizen of the United States of America?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Naturalized, Certificate No.	
Have you ever applied for Special State Police Powers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where?	
If yes, when?		If yes, License No.	
Have you resided in another state?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list State(s) Resided	
Have you obtained three letters of reference which are available for inspection at the submitting agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you meet the current standards of training? If yes, select the training below.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Graduate of a MA State Police Academy or a full time Municipal Police Academy administered by the Municipal Police Training Committee.			
<input type="checkbox"/> Graduate of Municipal Police training Committee's 242 hour Reserve/Intermittent Academy.			
<input type="checkbox"/> Employed as an Auxiliary/Seasonal police officer by a MA Municipal Police Department with a minimum of two years' work experience.			
<input type="checkbox"/> Graduate of an accredited University/College granted (Associates Degree or higher in criminal justice)			
MA FID/LTC License No. (if applicable)		MA FID/LTC Exp. Date (if applicable)	
Will you be carrying a firearm while on duty as a Special State Police Officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you successfully complete a firearms training instruction program approved by the Colonel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Completion Date	
Have you ever been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list charges below.	
Charge 1: Date	Charge	Court	Disposition
Charge 2: Date	Charge	Court	Disposition
Charge 3: Date	Charge	Court	Disposition

Signatures

I hereby declare that the statements and answers herein contained are true. I understand that any false statements are reason for rejection. Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief, I have complied with all laws of the Commonwealth relating to taxes.

Applicant Signature	Date
In accordance with the applicable provisions of Massachusetts General Law, we request the appointment of (name) _____ an employee of (facility name) _____ as a Special State Police Officer by the Colonel/Superintendent of the Department of State Police. The employer (facility name) _____ hereby agrees to indemnify and hold harmless the Colonel/Superintendent and/or the Department of State Police against any and all damages and liability resulting from or in consequence of the negligent or wrongful act or omission of the above named Special State Police Officer while acting within the scope of his/her office, employment or commission.	
Facility Name	Facility Phone No.
Print Qualified Agent Name	Qualified Agent Signature/Date