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 read the above statues: _____
                                                            INITIALS

The undersigned applicant hereby certifies to never having been arrested for a criminal offense anywhere in the United States in the past, <u>except</u> for the following:

CHARGE	CITY & STATE OF OFFENCE	DATE	DISPOSITION

Name **(Please print)** _____ Signature _____

Date of Birth _____ Age: _____ Social Security Number _____

Affiliated Agency _____ ☐ SPO/SCP ☐ SO ☐ PD _____
                (Name and license number)   (License Number)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20_____

(Seal)

                                        Notary Public: _____

                                        Commission Expiration: _____

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