

SALT LAKE CITY POLICE DEPARTMENT COMMUNITY ACADEMY

SALT LAKE CITY

COMMUNITY ACADEMY

(All lines must be completed and must be signed)

Once you have filled out the application, please print, sign/date, then submit by one of the following methods:

Fax: \$01.799.3419

Email: communityacademy@slcgov.com
In Person: Public Safety Building, 475 S. 300 East, SLC, UT \$4111

| Date of request: | | | |
|--|----------------------------------|-----------------------------------|-------------------------------|
| Referred by: | | | |
| Name: | | ail: | |
| Date of Birth: | | | |
| Residence address: | | | |
| Business address: | | | |
| Home phone: | Business phone: | C | ell: |
| I.D. or Driver License #: | | _ State: SS | SN#: |
| Emergency Contact: | Relationship | :Pl | none: |
| Do you work or live in Salt Lake | e City? 🗆 Yes 🗆 No | | |
| Applicants signature: | | Date: | |
| on a first-come, first-served basis, as lo background check. The minimum dress stockings, thongs or bare feet WILL No be armed. For Department Use Only | s standard will be casual sports | attire. Shorts, cut-offs, tank of | or tube tops, sandals without |
| ********* | | | ******** |
| Background Check (must be con | 1 1 11 / | | |
| Versadex: Warrants: | _ UCCH: III: | NCIC: DL: | See Attached |
| Concealed Firearm Permit? | Yes No Date: | By: _ | |
| ********* | ******** | ******* | ********* |
| Has waiver been signed? | Yes \square No (Cannot ap | oprove if waiver has not | been signed) |
| Approved? □ Yes □ No I | Bureau Commander Sig | nature: | ID: |
| ********* | ******* | ******** | ********* |
| Date of Academy: | | | |
| Comments or Problems: | | | |
| Lieutenant's Name: | | : Signature: | |