

Commonwealth of Pennsylvania
 Municipal Police Officers' Education and Training Commission
**Application for Consideration of Reinstatement
 of Certification**

For Commission Use Only

Date Received ____/____/____

Date Transmitted ____/____/____

Committee Recommendation: Approve Disapprove

Date Submitted for Full Commission Vote ____/____/____

NOTE: This application, if approved by a majority vote of the full Commission, only allows a revoked officer or instructor to apply for recertification. An applicant must meet all applicable qualifications enumerated in Title 37, Chapter 203 of the Pa. Code, to reapply for certification, and upon reapplication must be approved by full Commission vote before certification will be granted.

THE APPLICATION MUST CONTAIN ALL OF THE FOLLOWING:

- A written conditional offer of employment from a police department (as defined by § 2162 of the Act).
- A Pennsylvania criminal history check completed within 60 days of submission of the application to the Commission.
- A Federal Bureau of Investigation criminal history check completed within 60 days of submission of the application to the Commission (Refer to the following hyperlink for additional information about this criminal history check: <http://www.fbi.gov/about-us/cjis/background-checks>).

1. SOCIAL SECURITY NUMBER	2. LAST NAME	FIRST NAME	MIDDLE	SUFFIX
- -				

3. DATE OF BIRTH	4. GENDER	5. DRIVERS LICENSE NUMBER STATE
/ /		

6. Responses to the following questions are for informational purposes and will also be used to determine an individual's eligibility to carry a firearm under state or federal law.

A. Have you ever been arrested or charged with a violation of law? If yes, explain below and indicate all arrests, not including traffic and parking citations. YES NO

Date	Location	Charge	Disposition
/ /			
/ /			
/ /			

B. Have you ever been convicted of a crime enumerated in the Pennsylvania Uniform Firearms Act, §6105(b)? YES NO

C. Are you now charged with, or have you ever been convicted of, a crime punishable by imprisonment for a term exceeding one year? (This does not include federal or state offenses pertaining to antitrust, unfair trade practices, restraints of trade, or regulation of business, or state offenses classified as Misdemeanors and punishable by a term of imprisonment not to exceed two years.) YES NO

D. Have you ever been convicted of an offense under the Act of April 14, 1972 (P.L. 233 No. 64), known as the Controlled Substance, Drug, Device, and Cosmetic Act, that may be punishable by a term of imprisonment exceeding 2 years? YES NO

E. Are you an unlawful user of, or addicted to, marijuana, any depressant, stimulant, any narcotic drug, or any other controlled substance? YES NO

F. Are you an individual who has been adjudicated delinquent by any court, as a result of conduct which would constitute an offense enumerated under Section 6105(b)? YES NO

If yes, please provide the offense, county, and date of adjudication: _____

G. Are you a United States citizen? YES NO

H. Have you ever renounced your United States citizenship? YES NO
 If yes, please explain _____

I. Are you subject to a Pennsylvania Protection from Abuse Order, or any similar type of order issued by any other state, or under the laws of the United States, its territories, possessions or federally recognized Indian tribes? YES NO
 If yes, please indicate the court of issuing authority and the associated court docket number _____

J. Have you ever been convicted of a Misdemeanor Crime of Domestic Violence? (The conviction must be for an offense graded as a misdemeanor and contain as an element, the use or attempted use of physical force, or the YES NO

threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.)

- K. Are you a fugitive from justice? YES NO
- L. Have you received any type of discharge, other than an Honorable Discharge, from the United States Armed Forces? YES NO
If yes, please explain the circumstances and provide a copy of your DD form 214. _____

- M. Have you ever been adjudicated as an incompetent or been involuntarily committed to a mental institution for inpatient care and treatment under section 302, 303, or 304 of the Pennsylvania Mental Health Procedures Act (The Act of July 9, 1976, P.L. 817, No. 143) and/or are you subject to the restrictions contained in 18 USC §922(g)(4)? YES NO

Use the space provided below to provide additional explanation regarding any of the above questions:

Please detail the specific conduct and circumstances which lead to the revocation of your certification:

Please list any relevant mitigating factors related to the revocation of your certification which the Commission should consider:

Please detail why the Commission should consider your application for consideration of reinstatement:

Commission Policy 2012-05, contains the criteria for consideration of reinstatement of certification, and can be found on the MPOETC public website. Please list all attachments you are providing in support of your application:

I, the undersigned applicant, by my signature below, hereby certify and affirm that this application contains no misrepresentation or falsification, omissions or concealment of material fact, and that the information given by me is true and correct. I acknowledge that this statement is made subject to the penalties contained in 18 Pa. C.S. §4903 and/or 18 Pa. C.S. §4904.

Applicant's Signature

Printed Name of Applicant

Date

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 20 _____,
to certify which witness my hand and seal.

Notary Public in and for the
Commonwealth of Pennsylvania

My Commission expires: _____