



SALT LAKE CITY POLICE DEPARTMENT CITIZEN'S ACADEMY



(All lines must be completed and must be signed)

Return to: **Training Unit**
 Salt Lake City Police Department
 1040 West 700 South
 Salt Lake City, UT 84104

Date of request: _____

Referred by: _____

Name: _____

Date of Birth: _____

Residence address: _____

Business address: _____

Home phone: (____) _____ Business phone: (____) _____ Cell: (____) _____

I.D. or Driver License #: _____ State: _____ SSN#: _____

Emergency contact: _____ Relationship: _____ Phone: (____) _____

Do you work or live in Salt Lake City? YES NO

Applicants signature: _____ Date: _____

The Salt Lake City Police Department will try to honor your request. Each Academy will be limited to 25 individuals.

The minimum dress standard will be casual sport attire. Shorts, cut-offs, tank or tube tops, sandals without stockings, thongs or bare feet WILL NOT be allowed. **Civilian or non-sworn with or without a concealed carry permit may NOT be armed.**

For Department Use Only

Background Check (must be completed prior to approval)

Versadex: _____ Warrants: _____ UCCH: _____ III: _____ NCIC: _____ DL: _____ See Attached

Concealed Firearm Permit Yes No Date: _____ By: _____

Has waiver been signed? Yes No (Cannot approve if waiver has not been signed)

Approved? Yes No **Division Commander Signature:** _____ **ID:** _____

Date of Academy: _____

Comments or Problems: _____

Lieutenants Name: _____ **ID:** _____ **Signature:** _____