

MIRAMAR POLICE DEPARTMENT

CITIZENS' POLICE ACADEMY APPLICATION FORM

Please complete this application form and return by mail or fax to:
Office of Public Affairs
Miramar Police Department
3064 North Commerce Parkway
Miramar, FL 33025
FAX: (954) 602-3581

If you have questions or concerns please call 954.602.4351

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Where do you prefer to receive calls? _____

| | |
|-------------------------|-------|
| Date of Birth: | _____ |
| Social Security Number: | _____ |
| Drivers License Number: | _____ |

Person to notify in case of an emergency: _____

Address: _____

City: _____ Phone Number: _____

Are you currently an applicant of this police department? Yes No

If yes, what position? _____

PRINT YOUR NAME

SIGNATURE

DATE

----- **FOR OFFICIAL USE ONLY** -----

Teletype Conducted By: _____ ID #: _____

Result: _____

