

**SATELLITE BEACH POLICE**

510 CINNAMON DRIVE  
SATELLITE BEACH, FL 32937-3197

Telephone (321) 773-4400  
Fax (321) 773-5414



**LIONEL A. COTE**  
Chief of Police

INCORPORATED 1957

# ***SATELLITE BEACH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT***



Name: \_\_\_\_\_  
(typed or printed) Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Position desired: \_\_\_\_\_

***The Satellite Beach Police Department does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. Veterans' Preference form is located within application.***

## INSTRUCTIONS FOR COMPLETING APPLICATION

Please complete *all portions of this application fully and accurately*, or your processing may be delayed or stopped. All addresses must be complete, including zip codes and phone numbers. If an item does not apply to you, write in the letters “N/A” for “not applicable.” The application must be completed by the candidate only and must be notarized as indicated.

**Providing false information shall be sufficient cause for rejection. The background investigation and truth verification examination will verify all information provided.**

You are hereby informed that a thorough background investigation, including information as to your character, general reputation, personal characteristics, and mode of living will be a part of your processing. This information is solely for the purpose of evaluating your qualifications for employment as a law enforcement officer.

**THE SUBMISSION OF THIS BIOGRAPHIC INFORMATION FORM CARRIES THE UNDERSTANDING THAT YOU ARE AUTHORIZING THE S.B.P.D. TO CONTACT ANY AND ALL-AVAILABLE SOURCES FOR THE PURPOSE OF OBTAINING INFORMATION AS TO YOUR QUALIFICATIONS.**

### APPLICANT CHECKLIST

You must provide the following documents when you submit this form. (The S.B.P.D. will certify documents for you, but you **MUST** have the originals available.)

- Birth certificate
- High School or GED diploma/transcripts for GED
- Current Drivers License
- College degree; college transcripts, if no degree\* (Does not need to be “official” copy.)
- DD214/Military discharge with re-enlistment code\* (“long” form)
- Marriage certificate\*
- Proof of legal name change\*
- Law Enforcement/Corrections Academy Certificate(s)\*
- Florida Basic State Law Enforcement/Corrections Exam results\*
- Other documents reflecting your qualifications, e.g., letters of recommendation, training certificates.\*  
Applicants with law enforcement/corrections experience must provide the last three evaluations from current and/or previous agencies.\*

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\* if applicable

## PERSONAL INFORMATION

1. Sex: \_\_\_\_\_ Race: \_\_\_\_\_ (For statistical, affirmative action, and criminal history use.)
2. List all other names you have used, including maiden names and nicknames: \_\_\_\_\_  
\_\_\_\_\_
3. How did you hear about the position?  
 Job Fair  Web Page  Employee Referral  Newspaper  Radio  
 Other \_\_\_\_\_
4.  Yes  No Are you over 18 years of age, for a civilian position or over 19 for a sworn position?
5.  Yes  No Are you a U.S. Citizen?  
If not, are you a Naturalized Citizen? If so, certification number: \_\_\_\_\_
6.  Yes  No Do you have any relatives working for the City of Satellite Beach?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
7.  Yes  No Have you ever worked for or applied to the City of Satellite Beach before?  
Position: \_\_\_\_\_ Date: \_\_\_\_\_
8.  Yes  No Have you ever applied to any other law enforcement agency?  
Agency(ies) and Date(s) of application: \_\_\_\_\_  
\_\_\_\_\_
9.  Yes  No Is there any language (other than English) you can read, write, and/or speak fluently? \_\_\_\_\_  
\_\_\_\_\_
10.  Yes  No Do you use Tobacco Products?

**QUALIFICATIONS:** In your own words, please explain how you qualify for this position.

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## EMPLOYMENT HISTORY

Describe below all employment you have had during the past ten years, even if the company is closed. Please include information from any law enforcement agency that you have worked for (even if over ten years ago.) also, include self employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward: If you were employed under a different name with any employer, indicate below. Applicants may be required to furnish proof of experience claimed. Use a separate sheet or copy this form if necessary.

- Yes  No Do you have a Social Security number?
- Yes  No Do you object to your present employer being contacted? (If you state "no" and any job offers are made, we must contact your current employer at that time.)
- Yes  No Do you object to working nights, weekends, or holidays?
- Yes  No Do you object to working shift work?
- Yes  No Have you ever had experience with shift work?

**Please answer the following questions as they relate to all prior employers, even if more than ten years ago. (Attach a separate sheet, if necessary.)**

- Yes  No Have you ever been disciplined by any employer(s)? If yes, list the nature of each discipline, employer and dates: \_\_\_\_\_
- Yes  No Have you ever been terminated or asked to resign from a job? If yes, employer and details: \_\_\_\_\_
- Yes  No If you have law enforcement experience, have you ever been or are you currently under internal investigation? If yes, list employer, each incident, and outcome: \_\_\_\_\_

1. Present or most recent	Dates of Employment -
Employer: _____	From: _____ To: _____ Part-Time <input type="checkbox"/> Full Time <input type="checkbox"/>
Complete Address: _____	
Number	Street
City	State
Zip	
Phone: (____) _____	Position(s) Held: _____
Supervisor: _____	Type of Business: _____
Description of Duties: _____	
Reason for Leaving: _____	Annual Salary/Earnings: _____



## EMPLOYMENT HISTORY (continued)

5.  
Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Part-Time  Full Time

Complete Address: \_\_\_\_\_  
Number Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Annual Salary/Earnings: \_\_\_\_\_

6.  
Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Part-Time  Full Time

Complete Address: \_\_\_\_\_  
Number Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Annual Salary/Earnings: \_\_\_\_\_

7.  
Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Part-Time  Full Time

Complete Address: \_\_\_\_\_  
Number Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Annual Salary/Earnings: \_\_\_\_\_

## EDUCATIONAL RECORD

<b>High School (last)</b>	<b>Dates Attended</b>	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	From:	If no, do you have a general education diploma (GED) or a high school equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	To:	
State:	mo/yr	
	mo/yr	State:                      Year:

<b>College/Technical</b>	<b>Dates Attended</b>	<b>Course of study</b>
Name:	From:	Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many credits have you completed?
City:	To:	
State:	mo/yr	
	mo/yr	

<b>College (Post Graduate)</b>	<b>Dates Attended</b>	<b>Course of study</b>
Name:	From:	Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many credits have you completed?
City:	To:	
State:	mo/yr	
	mo/yr	

<b>Basic Law Enforcement Academy</b>	<b>Dates Attended</b>	
Name:	From:	Did you pass the Florida State exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	To:	
State:	mo/yr	
	mo/yr	

<b>Basic Corrections Academy</b>	<b>Dates Attended</b>	
Name:	From:	Did you pass the Florida State exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	To:	
State:	mo/yr	
	mo/yr	



## RESIDENCES

List chronologically all of your residences for the past ten years, beginning with the most recent. Include addresses while attending school away from home, and all military addresses. Add an additional sheet, if necessary.

Month/Year	Month/Year	
From: _____	To _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____		
City: _____	County: _____	State: _____ Zip: _____

Month/year	month/year	
From: _____	To _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____		
City: _____	County: _____	State: _____ Zip: _____

Month/Year	Month/Year	
From: _____	To _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____		
City: _____	County: _____	State: _____ Zip: _____

Month/Year	Month/Year	
From: _____	To _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____		
City: _____	County: _____	State: _____ Zip: _____

Month/Year	Month/Year	
From: _____	To _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____		
City: _____	County: _____	State: _____ Zip: _____

Month/Year	Month/Year	
From: _____	To _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Street Address: _____		
City: _____	County: _____	State: _____ Zip: _____

## REFERENCES

**NEIGHBORS:** List two neighbors. You do not need to know the names of the individuals.

Name: (if known)	Address (Street, City, State, Zip):
Name: (if known)	Address (Street, City, State, Zip):

**LANDLORD:** If you currently reside in an apartment or rental home, list landlord below.

Name:	Address (Street, City, State, Zip):
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**REFERENCES:** List three personal references you have known for at least five (5) years. DO NOT list relatives or neighbors. You must give complete information for each reference.

Name:	Relationship:	Occupation:
Address: Street	City	State Zip
Home Phone:	Work Phone:	

Name:	Relationship:	Occupation:
Address: Street	City	State Zip
Home Phone:	Work Phone:	

Name:	Relationship:	Occupation:
Address: Street	City	State Zip
Home Phone:	Work Phone:	

### DRIVING HISTORY

- Yes    No   Do you possess a valid drivers license?   Type:   Operators      Chauffeurs     
 License Number: \_\_\_\_\_ State: \_\_\_\_\_
- Yes    No   Have you ever had a driver’s license suspended or revoked? (List all details including date and state.) \_\_\_\_\_

Was your license restored?    Yes    No   Date: \_\_\_\_\_

- Yes    No   Have you ever received a traffic citation, other than parking? If yes, complete the section below:

City/County/State	Issuing Agency	Date	Charge	Disposition



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**- This area for office use only -**

TELETYPE INFORMATION:

F.C.I.C.	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
N.C.I.C.	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
Local/Civil	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
Local	Negative <input type="checkbox"/>	10-27 <input type="checkbox"/>	Checked by: _____
History	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Checked by: _____
Driver's License	Valid <input type="checkbox"/>	Invalid <input type="checkbox"/>	Checked by: _____
Driver's License Type:	_____	Expiration: _____	Checked by: _____

Teletype Operator: Attach only the 10-27 and criminal history information.

## UNITED STATES MILITARY RECORD

1.     Yes    No   Have you ever been a member of the United States Armed Forces? If yes, please complete the portion below and the following page.
  
2.     Yes    No   Have you ever been disciplined or received an Article 15 while in the military? (List each discipline with dates and outcome.)

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Branch:	Active Service: From: <span style="float: right;">To:</span>
Highest Rank:	Type/Date of Discharge:
Reserve/National Guard Status:                      Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Dates: From: <span style="float: right;">To:</span>
Military Specialization/Duties:	

**VETERANS' PREFERENCE:** If you are claiming Veterans' Preference, check the appropriate block. Documentation substantiating your claim must be furnished at the time of application.

- 1.    A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's administration and the Department of Defense, OR
- 2.    The spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, OR
- 3.    A veteran of any war who has served on active duty for 181 consecutive days or more, or has served 180 consecutive days or more since January 1, 1955 and who was discharged or separated there from with an honorable discharge from the Armed Forces of the U.S.A. if any part of such activity was performed during a wartime era. Active duty for training is not allowable, OR
- 4.    The un-remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed through Veterans' Preference since October 1, 1987?

Yes    No   If yes, give the name of the employer: \_\_\_\_\_

**NOTE:** Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, first to those persons included in 1 and 2 above, and in second to those persons included under 3 and 4 above. If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs. Mary Grizzle Office Building, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed with 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of application filed with the employer if no notice is given.

# RELEASE OF INFORMATION

Please read and sign in the presence of a Notary.

**Applicant:** Please read carefully before signing this form. If you have any questions regarding the following statement or any questions contained in this application, please contact the Satellite Beach Police Department before signing.

**I RESPECTFULLY** request and authorize you to furnish the Satellite Beach Police Department any and all information that you may have concerning my work record, school record, medical record, military record, reputation, personal background, civil/criminal records, drivers license information/driving history, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with the Satellite Beach Police Department. I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested above.

**I UNDERSTAND** that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment by the Satellite Beach Police Department. This release will expire two (2) years from the date signed.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Applicant will sign in ink on this line in the presence of a Notary Public.

**NOTARY:**

Before me personally appeared: \_\_\_\_\_,  
who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
My Commission Expires

<input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification  Type of I.D.:
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# CERTIFICATION OF INFORMATION

Please read and sign in the presence of a Notary.

**I CERTIFY** that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on this application which occur after completing the application. I realize that misrepresentations of facts or the failure to include or update information may be cause for rejection or dismissal after employment. I understand that each application will be given consideration, but its receipt does not imply that the candidate will be employed. The offer of employment is contingent upon my satisfactory completion of all pre-employment procedures, which includes the following: application screening, writing skills test, initial interview, truth verification exam, background investigation, physical abilities test, panel interview, and any other testing that the Satellite Beach Police Department deems necessary. If made an offer of conditional employment, a medical examination, drug screen, and psychological evaluation will be completed to determine my suitability for employment. As part of my processing for employment with the Satellite Beach Police Department, I may incur some expenses for background checks, medical tests, etc. I understand that I will not be reimbursed for these extra expenses whether employed or not. I also realize that this processing may be lengthy (up to one year) and that no promises or commitments are expected as to a time when a hiring decision and/or actual employment may take place.

**SHOULD I** be employed by the Satellite Beach Police Department, I understand and accept that I must successfully complete a probationary period, and if deemed necessary by the agency, that probationary period may be extended beyond the minimum 12 month period and minimum completion of FTO (field training) Phases 1-4. if the probationary period is extended, I will be notified of the extension and the length of it. As a probationary employee, I understand that I may be discharged at-will with no entitlement to any administrative appeal. I acknowledge that during the probationary period, the Chief of Police has the exclusive right to discharge me for any or no reason.

**I UNDERSTAND** that the continuation of processing does not guarantee that the results of preceding examinations were acceptable.

**I ACKNOWLEDGE** that I have read and understand the above statement and the conditions for employment.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Applicant will sign in ink on this line in the presence of a Notary Public.

**NOTARY:**

Before me personally appeared: \_\_\_\_\_,  
who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
My Commission Expires

<input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification  Type of I.D.:
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# INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. **Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.
2. **Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.
3. **Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.
4. **Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.
5. **Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)
6. **Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)
7. **Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.
8. **Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

## PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Transportation (Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

## PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

To ensure the best possible service, please thoroughly review the  
accompanying instructions before filling out this form. Please  
print clearly or type. If you need more space, use plain paper.

# REQUEST PERTAINING TO MILITARY RECORDS

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

- 1. NAME USED DURING SERVICE (last, first, and middle)
- 2. SOCIAL SECURITY NO.
- 3. DATE OF BIRTH
- 4. PLACE OF BIRTH

5. SERVICE , PAST AND PRESENT		(For an effective records search, it is important that all service be shown below.)				SERVICE NUMBER
BRANCH OF SERVICE		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	(If unknown, write "unknown")
<b>a. ACTIVE SERVICE</b>						
<b>b. RESERVE SERVICE</b>						
<b>c. NATIONAL GUARD</b>						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.  
NO YES

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?  
NO YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

**REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

**OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** \_\_\_\_\_

**PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

REQUESTER IS: Military service member or veteran identified in Section I, above      Legal guardian (must submit copy of court appointment)

Next of kin of deceased veteran \_\_\_\_\_ (relation)      Other (specify) \_\_\_\_\_

**SEND INFORMATION/DOCUMENTS TO:**  
(Please print or type. See item 3 on accompanying instructions.)

**AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street      Apt.

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
Signature of requester (Please do not print.)

\_\_\_\_\_  
Date of this request      Daytime phone

\_\_\_\_\_  
Email address