

STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY



APPLICATION
for a
SPECIAL OFFICER COMMISSION

This packet contains:

- General information and instructions
- Application for a Special Officer Commission

Direct inquiries to:

Department of Public Safety
Office of the Commissioner
5700 East Tudor Road, Anchorage, AK
99507 Phone (907) 269-4542
FAX (907) 269-4543
dps.specialcommission@alaska.gov

GENERAL INFORMATION

Retain for your files

1. SPECIAL OFFICER COMMISSION

By applying for a special officer commission, you acknowledge that you have read and understand the state law AS 18.65.010, relating to the appointment of special officers. Appointment as a Special Officer will be limited to 24 months at which time a renewal application must be submitted.

2. APPLICATION PROCESS

Review your application and all required documentation before you submit them. Failure to submit a properly completed application and all required supporting documentation listed in #3 below may delay the processing of your application.

- Your supervisor must sign the application.
- If approved, you will receive a Certificate of Commission and an ID Card.

3. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH INITIAL APPLICATIONS:

- ☐ a. **One complete fingerprint card of acceptable technical quality.** Fingerprints submitted must be on a standard 8" x 8" FBI Applicant Fingerprint Card and be rolled by a person or agency approved by the department or by a law enforcement agency or state correctional facility at the discretion of the agency or facility. Submit to address below.
- ☐ b. **One quality frontal view color photograph** with plain background taken within the 30 days preceding your application. Top of head to top of shoulders. No hats or sunglasses. Submit as an attachment.
- ☐ c. **One photocopy of your credentials issued by your employer.** Submit as an attachment.
- ☐ d. **Official job description and duties if not employed as a police officer.** Submit as an attachment.
- ☐ e. **Copy of your agency policies and procedures as they relate to the purpose of the requested Special Commission.** Submit as an attachment.

4. THE FOLLOWING ITEM MUST BE SUBMITTED WITH RENEWAL APPLICATIONS:

- ☐ A. **One quality frontal view color photograph** with plain background taken within the 30 days preceding your application. Top of head to top of shoulders. No hats or sunglasses.

5. ADDRESS FOR APPLICATION SUBMISSION:

All items (except 3a fingerprint card) should be emailed to dps.specialcommission@alaska.gov. Fingerprint card should be mailed to:

Department of Public Safety
Office of the Commissioner
5700 East Tudor Road
Anchorage, AK 99507

ALASKA DEPARTMENT OF PUBLIC SAFETY Office of the Commissioner	APPLICATION FOR SPECIAL OFFICER COMMISSION Please type or print
A special officer commission may be authorized when it is necessary to aid and assist State Troopers in the enforcement of the criminal laws of the state. AS 18.65.010	

Application type: ☐ NEW ☐ RENEWAL – Expiration date of current Special Officer commission: _____
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1. APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX
DATE OF BIRTH (MM/DD/YYYY)				SOCIAL SECURITY NUMBER		
HEIGHT FT	IN	WEIGHT LBS	HAIR COLOR	EYE COLOR	DAYTIME TELEPHONE NUMBER ☐ Home ☐ Work ☐ Cell	

2. EMPLOYING AGENCY INFORMATION

EMPLOYING AGENCY			YOUR OFFICIAL JOB TITLE	
AGENCY PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
AGENCY MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE

3. CRIMINAL CONVICTIONS (If any, including SIS, SI, Pardon, Expungement)

DATE OF ARREST	CHARGE(S)	DISPOSITION

4. LAW ENFORCEMENT CERTIFICATION

STATE/ FEDERAL	TYPE OF CERTIFICATION	DATE CERTIFIED	CERTIFICATION NUMBER

5. QUALIFIED TRAINING (IF NOT A CURRENTLY CERTIFIED LAW ENFORCEMENT OFFICER)

COURSE OR SCHOOL ATTENDED	TAUGHT BY	HOURS	DATES ATTENDED	
			FROM	TO

6. ALASKA STATUTES AND/ OR REGULATIONS THAT AUTHORIZE THE AUTHORITY OF YOUR POSITION DUTIES

STATUTE/ REGULATION CITATION	SHORT TITLE

7. GEOGRAPHIC LIMITS OF THE REQUESTED AUTHORITY (If applicable)

8. HOW WOULD THE ISSUANCE OF A SPECIAL COMMISSION DIRECTLY SUPPORT THE MISSION OF THE ALASKA STATE TROOPERS?

9. CERTIFICATION

I HEREBY CERTIFY THAT: All statements, answers, and attachments to this application are true and complete. I understand that a criminal history background check will be conducted as part of the application process which may involve computerized records searches and I authorize these checks.

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT: I will support and defend the Constitution of the United States and the Constitution of the State of Alaska, and that I will faithfully discharge my duties as Special Officer of the Alaska Department of Public Safety to the best of my ability.

Signature of Applicant (**USE A SHARPIE**)

Date

10. EMPLOYING AGENCY CONCURRENCE

I support the issuance of a Special Officer commission for the above-named applicant for the purpose of aiding and assisting State Troopers in the enforcement of the criminal laws of Alaska. **This position** **requires** **does not require the named applicant to carry a firearm.**

Full Name of Agency Head or Designee (clearly printed or typed)

Signature of Agency Head or Designee

Date

Email address

Phone Number

Department Use Only

☐ Approved

☐ Not Approved

Signed By _____