|  |  |  |
| --- | --- | --- |
| Full Name (Last, First, Middle)(Please Print)      | Date of Birth      | Place of Birth      |
| Complete Physical Address      | SSN      | Telephone #      |
| City or Town      | State      | Zip Code      | High School Graduate or High School Equivalency Yes [ ]  No [ ]  |
| Complete Mailing Address      | Citizen or Resident Alienof the United States Yes [ ]  No [ ]  |
| City or Town      | State      | Zip Code      | **FOR OFFICE USE ONLY** |
| Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Eyes      | Height      | Weight      |
| E-mail Address:  |

List Addresses for the Last 5 Years (If More Space is Needed use a Plain Sheet of Paper)

 Address Dates

|  |  |
| --- | --- |
|       |       |
|       |       |

|  |  |
| --- | --- |
| **Check Appropriate Box After Each Question** |  |
| 1. Are you currently under indictment or information for a crime for which the penalty is imprisonment for in excess of one year? | Yes [ ]  No [ ]  |
| 2. Have you ever been convicted of a crime for which the possible penalty exceeded one year in prison? | Yes [ ]  No [ ]  |
| 3. Are you a fugitive from justice? | Yes [ ]  No [ ]  |
| 4. Are you an unlawful user of or addicted to marijuana or any other drug? | Yes [ ]  No [ ]  |
| 5. Have you been adjudged mentally defective or been committed to a mental institution within the past 5 years? | Yes [ ]  No [ ]  |
| 6. Are you an illegal alien? | Yes [ ]  No [ ]  |
| 7. Do you presently derive plenary or special law enforcement powers from the State or Maine or any political subdivision thereof? | Yes [ ]  No [ ]  |
| 8. Have you been dishonorably discharged from military service? | Yes [ ]  No [ ]  |
| **By Affixing Your Signature Below as the Applicant You:** |  |
| A. Certify that information provided by you in this application is true and correct; |
| B. Certify that you understand that an affirmative answer to any of the questions 1 through 8 is cause for refusal; |
| C. Certify that you understand that any false statement in this application may result in prosecution as provided in section 8114; |
| D. Give the Chief of the Maine State Police the authority to check the criminal records of any law enforcement agency; |
| E. Agree to submit to have your fingerprints taken by the issuing authority if it becomes necessary to resolve any question as to your identity and  |
| F. Certify that you have received a copy of the booklet entitled *Laws Relating to Professional Investigators*, issued by the Bureau of Maine State Police. |
| State of Maine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss. Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_On this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_ personally appeared the above-named applicant and made oath that the statements and answers contained in this application, whether in writing or print, are true. Before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Notary Seal) |

IA – (Date Modified: 10/14/2015)

**CERTIFICATES**

Certification required by each of three reputable citizens of the State **of Maine.**

**I**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being at least eighteen years of age, a citizen of the State of Maine and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have personally known the applicant for at least three years and I do state on honor as follows:

1. I have known said applicant since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have read the application of said applicant and believe each of the statements made therein to be true.
3. Said applicant to my knowledge is of good moral character, is honest, and is not related to be by blood or marriage.

 (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip Code) \_\_\_\_\_\_\_\_\_

 (Occupation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date of Birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Telephone #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being at least eighteen years of age, a citizen of the State of Maine and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have personally known the applicant for at least three years and I do state on honor as follows:

1. I have known said applicant since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have read the application of said applicant and believe each of the statements made therein to be true.
3. Said applicant to my knowledge is of good moral character, is honest, and is not related to be by blood or marriage.

 (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip Code) \_\_\_\_\_\_\_\_\_

 (Occupation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date of Birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Telephone #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being at least eighteen years of age, a citizen of the State of Maine and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have personally known the applicant for at least three years and I do state on honor as follows:

1. I have known said applicant since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have read the application of said applicant and believe each of the statements made therein to be true.
3. Said applicant to my knowledge is of good moral character, is honest, and is not related to be by blood or marriage.

 (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip Code) \_\_\_\_\_\_\_\_\_

 (Occupation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date of Birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Telephone #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Initials: \_\_\_\_\_\_\_\_\_\_**

*NOTE: This application and any supporting documentation are  public records pursuant to 1 M.R.S. § 402(3), and, with the exception of portions identified as confidential by statute (e.g., social security numbers; mental health adjudications; college transcripts), may be disseminated in response to a request made pursuant to the Freedom of Access Act.*

Date Modified: 10/14/2015