

# MIRAMAR POLICE DEPARTMENT

## CITIZENS' POLICE ACADEMY

### APPLICATION FORM

Please complete this application form and return by email, mail or fax to:

Public Affairs Unit  
Miramar Police Department  
11765 City Hall Promenade,  
Miramar, FL 33025  
Fax 954.602.3581

Email: [ohall@miramarpd.org](mailto:ohall@miramarpd.org)

*If you have questions or concerns, please call 954.602.4351*

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

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

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_ 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?

If yes, what position? \_\_\_\_\_

**PRINT YOUR NAME**

**SIGNATURE**

**DATE**

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

Teletype conducted by: \_\_\_\_\_ ID #: \_\_\_\_\_

Result: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_