

ONPOINT SWORN LAW ENFORCEMENT OFFICER RANGE PROGRAM

OFFICER NAME: LAST _____ FIRST _____

DEPARTMENT/AGENCY: _____

DEPARTMENT/AGENCY PHONE NUMBER: _____

PLEASE DO NOT WRITE BELOW THIS LINE – FOR ONPOINT STAFF ONLY

Please initial that each of the following document have been reviewed and confirmed.

_____ DEPARTMENT/AGENCY BADGE

_____ DEPARTMENT/AGENCY PHOTO ID

_____ DRIVER'S LICENSE

STAFF MEMBER NAME: _____

DATE: _____