Port of Seattle Police Department
Citizens Academy

APPLICATION

APPLICANT INFORMATION

Name (First, Middle, Last):		
Date of Birth:	Home Phone:	Alt. Phone:
Email:		
Home Address:	City/Zip:	

NOTE: *COMPLETE NAME AND DATE OF BIRTH IS REQUIRED TO CONDUCT A CRIMINAL HISTORY BACKGROUND CHECK. A RECORD OF CRIMINAL CONVICTIONS OR NEGATIVE POLICE CONTACTS COULD PRECLUDE YOUR ACCEPTANCE INTO THE PROGRAM.*

Signature: Date:

PLEASE TELL US WHY YOU WOULD LIKE TO ATTEND THE POLICE CITIZENS ACADEMY:

Send Completed Applications to:
Port of Seattle Police
Attn: Citizens Academy
PO Box 68727
Seattle, WA 98168
Or FAX to 206.248.7134