



Loyal Amenity Protection Agency

Application Form

PERSONAL

Job Title:	Public Safety Ambassador					
Full Name:						
DOB:						
Gender:						
Street Address:				Unit #		
City:			State:			
			Zip:			

LICENSE & CREDENTIALS

*Check all that apply	
<input type="checkbox"/>	Maryland Guard Certification
<input type="checkbox"/>	DC SO/SPO
<input type="checkbox"/>	DCJS
<input type="checkbox"/>	OC
<input type="checkbox"/>	HANDCUFF
<input type="checkbox"/>	BATON
<input type="checkbox"/>	Taser
<input type="checkbox"/>	CPR/FIRSTAID/AED

List any additional training/certs:

AUTHORIZATION

If executed within the United States, its territories, possessions, or commonwealths: "I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct."

Signature

Date