

# CARENCRO CITY POLICE DEPARTMENT



## APPLICATION

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

*"Dedicated To Serving The Carencro Community With Respect, Trust and Professionalism"*



## CITY OF CARENCRO POLICE DEPARTMENT

110 CENTENNIAL DRIVE POST OFFICE DRAWER 10

CARENCRO, LOUISIANA 70520

[www.carencropd.com](http://www.carencropd.com)

OFFICE: (337) 896-6132 / FAX: (337) 896-1937

LAFAYETTE PARISH

DAVID ANDERSON  
CHIEF OF POLICE

### PERSONAL DATA QUESTIONNAIRE

#### INSTRUCTIONS TO APPLICANT

A.) You are requested to complete the attached Personal Data Questionnaire. It is mandatory that all areas be covered completely and truthfully...

B.) You are reminded that any misstatement, deception or falsification on your past could be the cause of your rejection or dismissal. If there are questions or doubts in your mind concerning any particular area covered by the questionnaire, it is your responsibility to bring the matter to the attention of the Chief of Police or his designated appointee...

C.) You are assured that the information supplied by you in this questionnaire will be considered confidential and not disclosed to unauthorized persons. The information is for official use only and will be used to investigate and evaluate your suitability for appointment with this agency. However the above guarantee of confidence will be considered void in the event that subsequent investigation discloses criminal acts or participation on your part involving you in unlawful or illegal activities...

- a) All spaces in the questionnaire must be complete...
- b) If the questions DO NOT pertain to you, write N/A in the space...
- c) PRINT OR TYPE all information...
- d) Include a copy of High School Diploma or G.E.D. if applicable...
- e) Include a copy of Military DD-214 form, if applicable...
- f) If college credit is available, include a copy of your transcripts...
- g) If P.O.S.T. certified, include a copy of your certificate...
- h) Attach a 2" X 2" photograph of yourself to this questionnaire...



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## GENERAL CONSIDERATIONS

- A.) The Carencro City Police Department has received numerous requests of applications for a very limited number of available positions. All applicants are judged competitively with other candidates...
- B.) The Carencro City Police Department has special requirements, which necessitate the use of a certain employment criteria. Our investigation process includes an evaluation of the applicant's personal and professional qualifications, and may require a complete pre-employment physical, as well as other criterion...
- C.) This comprehensive review may result in a decision that you will not be offered employment. In this regard, the decision of the Carencro City Police Department is final, and no statement of specific reasons for the decision will be provided...



## CERTIFICATION

I have read, understand and agree to the General Considerations. If I am not selected, I understand that no statement of reason for the decision will be provided to me. I also understand that, should I be offered a position of employment with the Carencro City Police Department, I will be on a six (6) to twelve (12) month probationary period... At the end of the probationary period, I will be re-evaluated and a decision for permanent employment will be considered... Should I be terminated at any point or time, the Chief or one of his appointed representatives will notify me of my termination in writing and I am not required to be notified of the reasons for my termination...

SIGNATURE OF APPLICANT

DATE

PLEASE READ CAREFULLY

AUTHORIZATION FOR RELEASE OF MEDICAL AND PERSONAL INFORMATION

State of Louisiana

Parish of: \_\_\_\_\_

To any physician, psychologist, social worker, hospital, clinic, or other health care provider, law enforcement agency or officer, any branch of the Armed Forces of the United States, or any individual or institution having information about me;

AFFIANT'S FULL NAME AND ADDRESS  
\*\*\*PLEASE PRINT IN INK OR TYPE\*\*\*

I, \_\_\_\_\_, do hereby give my consent in authorizing full Disclosure and review of all records and information, verbal or written, concerning myself to any duly authorized agent of David Anderson, Chief of Police, Carencro City Police Department in Lafayette Parish, whether said records are public, private, confidential or privileged in nature...

The intent of this information is to give my consent for full and complete disclosure of any and all medical, criminal or other personal information regarding me, including but not limited to physical, psychiatric or substance abuse treatment and/or consultation records, and all records pertaining to my conduct, such as background reports, criminal history records, etc. I further understand that this release will only be used to obtain information for the purpose of determining my eligibility for employment David Anderson, Chief of Police, Carencro City Police Department in Lafayette Parish...

I understand that any information obtained through a medical or personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for employment by David Anderson, Chief of Police, Carencro City Police Department in Lafayette Parish. I also certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information...

I also understand that a reproductive copy, (photocopy) of this release affidavit shall be for all intents and purposes as valid as the original, even though the said reproductive copy does not contain an original writing of my signature. I request and appreciate your full cooperation...

This release shall be and remain valid from the date of execution until the termination of employment with David Anderson, Chief of Police, Carencro City Police Department in Lafayette Parish.

AFFIANT'S SIGNATURE

DATE

PLEASE READ CAREFULLY  
AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize David Anderson, Chief of Police, Carencro City Police Department in Lafayette Parish and his agents to have access to and permit review and photocopying of the following records:

- a) Personal and business credit reports...
- b) Any and all law enforcement and fire department records...
- c) Any information regarding my occupation and salary from any employer or former employer...

I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons of termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation, any party or agency contacted by David Anderson or his agents to furnish the above-mentioned information...

I hereby consent to your obtaining the above information from any licensed agent. I understand to aid in the proper identification of my file or records the following information, as well as other information is necessary...

PERSONAL INFORMATION

Printed Name:			
	FIRST	MIDDLE	LAST
Date of Birth:			
	MONTH	DAY	YEAR
Social Security No.			
	(000) - (00) - (0000)		
Driver's License No.			
	LICENSE NUMBER	STATE	
Physical Address:			
	NUMERICS		STREET NAME
City/State/Zip:			
	CITY	STATE	ZIP CODE
County/Parish			
	COUNTY OR PARISH		

SIGNATURE OF APPLICANT

DATE



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DAVID ANDERSON  
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## APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE... FAILURE TO ANSWER ALL QUESTIONS IN THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE DELAYED OR REJECTED... THE CARENCRO CITY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER...

### PERSONAL INFORMATION

LAST FIRST MIDDLE MAIDEN

PHYSICAL ADDRESS CITY STATE ZIP

HOME TELEPHONE NUMBER ALTERNATE TELEPHONE NUMBER

MO: DATE: YEAR: AGE:

SOCIAL SECURITY NUMBER DATE OF BIRTH

CITY: PARISH: STATE: PLACE OF BIRTH

HEIGHT WEIGHT HAIR COLOR EYE COLOR

ON THE ABOVE LINE, LIST ANY AND ALL DISTINGUISHING MARKS, INCLUDING, BUT NOT LIMITED TO, PHYSICAL DEFECTS, BIRTHMARKS, SCARS, ETC...

ON THE ABOVE LINE, LIST ANY AND ALL ALIASES AND/OR NICKNAMES THAT YOU HAVE...

YES  NO  YES  NO

ARE YOU A CITIZEN OF THE UNITED STATES? ARE YOU A REGISTERED VOTER OF THIS STATE?

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## RACE / SEX INFORMATION

THE FEDERAL GOVERNMENT OFTEN REQUIRES THAT THE FOLLOWING RACE AND SEX INFORMATION BE REQUESTED FOR STATISTICAL REPORTING PURPOSES. COMPLETION OF THIS SECTION IS VOLUNTARY AND YOUR APPLICATION WILL NOT BE REJECTED IF YOU CHOOSE NOT TO PROVIDE THIS INFORMATION...

- |                                 |                                |                                     |                                |
|---------------------------------|--------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> MALE   | <input type="checkbox"/> WHITE | <input type="checkbox"/> AM. INDIAN | <input type="checkbox"/> ASIAN |
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> BLACK | <input type="checkbox"/> HISPANIC   | <input type="checkbox"/> OTHER |

IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES THE ABILITY TO DRIVE A VEHICLE, PLEASE PROVIDE YOUR DRIVER'S LICENSE NUMBER AND STATE ISSUED...

DRIVER'S LICENSE NUMBER

STATE ISSUED

TITLE OF POSITION IN WHICH YOU ARE APPLYING FOR? EX. (PATROLMAN / CLERICAL / SECRETARY / RESERVIST)

## MARITAL STATUS

- |                                  |                                    |                                   |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> MARRIED | <input type="checkbox"/> ENGAGED   | <input type="checkbox"/> DIVORCED |
| <input type="checkbox"/> SINGLE  | <input type="checkbox"/> SEPARATED | <input type="checkbox"/> WIDOWED  |

## SPOUSE'S INFORMATION

LAST

FIRST

MIDDLE

MAIDEN

PHYSICAL ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE NUMBER

ALTERNATE TELEPHONE NUMBER

MO:

DATE:

YEAR:

AGE:

SOCIAL SECURITY NUMBER

DATE OF BIRTH

MALE

FEMALE

SEX

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## EX-SPOUSE'S INFORMATION

LAST	FIRST	MIDDLE	MAIDEN
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LAST	FIRST	MIDDLE	MAIDEN
------	-------	--------	--------

## RELATIVES

FILL OUT ALL INFORMATION ABOUT RELATIVES, ALIVE OR DECEASED  
CHILDREN / STEP-CHILDREN / ADOPTED CHILDREN

FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
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FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
-----------	---------------	-----------------

FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
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FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
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FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
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FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
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## IMMEDIATE FAMILY

FATHER:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
MOTHER:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
STEP FATHER:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
STEP MOTHER:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
BROTHER:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
SISTER:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
FATHER-N-LAW:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
MOTHER-N-LAW:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
BROTHER-N-LAW:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
BROTHER-N-LAW:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
SISTER-N-LAW:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS
SISTER-N-LAW:			
	FULL NAME	DATE OF BIRTH	PRIMARY ADDRESS

## LIST ANY RELATIVES EMPLOYED BY THE CARENCRO CITY POLICE DEPARTMENT

FULL NAME	RELATIONSHIP	DEPARTMENT
FULL NAME	RELATIONSHIP	DEPARTMENT
FULL NAME	RELATIONSHIP	DEPARTMENT

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## MISCELLANEOUS INFORMATION

LIST ALL RESIDENCES FOR THE PAST TEN YEARS, BEGINNING WITH YOUR PRESENT ADDRESS  
\*\*\*INCLUDE OFF BASE RESIDENCES IF BEEN IN SERVICE AND OR DORMITORIES IF IN COLLEGE\*\*\*

MONTH & YEAR	ADDRESS	CITY	STATE	ZIP
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MONTH & YEAR	ADDRESS	CITY	STATE	ZIP
--------------	---------	------	-------	-----

MONTH & YEAR	ADDRESS	CITY	STATE	ZIP
--------------	---------	------	-------	-----

MONTH & YEAR	ADDRESS	CITY	STATE	ZIP
--------------	---------	------	-------	-----

MONTH & YEAR	ADDRESS	CITY	STATE	ZIP
--------------	---------	------	-------	-----

MONTH & YEAR	ADDRESS	CITY	STATE	ZIP
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## REFERENCES

LIST THREE (3) PERSONS, NOT RELATED, NOR EMPLOYERS / EMPLOYEES WHO HAVE CURRENT OR FORMER INFORMATION ABOUT YOU

FULL NAME	TELEPHONE NUMBER	OCCUPATION
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ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

FULL NAME	TELEPHONE NUMBER	OCCUPATION
-----------	------------------	------------

ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

FULL NAME	TELEPHONE NUMBER	OCCUPATION
-----------	------------------	------------

ADDRESS	CITY	STATE	ZIP
---------	------	-------	-----

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## E D U C A T I O N

\*\*\*LIST YOUR EDUCATION. INCLUDE HIGH SCHOOL AND ALL COLLEGES, BUSINESS AND TECHNICAL SCHOOLS\*\*\*

YES  
 NO

SCHOOL NAME	CITY	STATE	FROM	TO	GRADUATE
					<input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL NAME	CITY	STATE	FROM	TO	GRADUATE
					<input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL NAME	CITY	STATE	FROM	TO	GRADUATE

ON THE LINES ABOVE, LIST ANY BUSINESS MACHINE KNOWLEDGE OR TRAINING

## E M P L O Y M E N T   H I S T O R Y

\*\*\*LIST ALL EMPLOYMENT HELD WITHIN THE PAST TWENTY (20) YEARS, BEGINNING WITH YOUR PRESENT EMPLOYMENT\*\*\*

01.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR		
ADDRESS		CITY	STATE	ZIP	
			\$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM	TO	JOB TITLE	SALARY		
DESCRIPTION OF DUTIES			REASON FOR LEAVING		

02.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR		
ADDRESS		CITY	STATE	ZIP	
			\$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM	TO	JOB TITLE	SALARY		
DESCRIPTION OF DUTIES			REASON FOR LEAVING		

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03.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR	
ADDRESS		CITY	STATE	ZIP
			\$	PER
				<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM	TO	JOB TITLE	SALARY	
DESCRIPTION OF DUTIES			REASON FOR LEAVING	

04.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR	
ADDRESS		CITY	STATE	ZIP
			\$	PER
				<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM	TO	JOB TITLE	SALARY	
DESCRIPTION OF DUTIES			REASON FOR LEAVING	

05.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR	
ADDRESS		CITY	STATE	ZIP
			\$	PER
				<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM	TO	JOB TITLE	SALARY	
DESCRIPTION OF DUTIES			REASON FOR LEAVING	

06.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR	
ADDRESS		CITY	STATE	ZIP
			\$	PER
				<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
FROM	TO	JOB TITLE	SALARY	
DESCRIPTION OF DUTIES			REASON FOR LEAVING	

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07.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR	
ADDRESS		CITY	STATE	ZIP
			\$	PER
FROM	TO	JOB TITLE	SALARY	
DESCRIPTION OF DUTIES		REASON FOR LEAVING		

08.

COMPANY NAME		TELEPHONE NUMBER	SUPERVISOR	
ADDRESS		CITY	STATE	ZIP
			\$	PER
FROM	TO	JOB TITLE	SALARY	
DESCRIPTION OF DUTIES		REASON FOR LEAVING		

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# QUESTIONNAIRE

\*\*\*ATTACH ADDITIONAL PAPER TO THOROUGHLY ANSWER THE FOLLOWING QUESTIONS\*\*\*

1.) Have you ever previously applied for a position with the Carencro City Police Department?

YES  NO Date: \_\_\_\_\_

MM/DD/YYYY

EXPLAIN

2.) Have you ever previously applied for a position with other law enforcement or government agencies?

YES  NO Date: \_\_\_\_\_

MM/DD/YYYY

EXPLAIN

YES  NO

ACCEPTED

IF NO, EXPLAIN REASON FOR REJECTION

3.) Have you ever been charged with a criminal offence, misdemeanor or felony or violation either by arrest, indictment, summons or bill of information, in Louisiana or any other state, country or jurisdiction, regardless of the disposition or final outcome of the criminal charge or violation? *(All convictions must be included, even if the conviction has been expunged or set aside through either articles 893, 894 or R.S. 44.0, furthermore, OWI's must be included.)*

YES  NO

IF YES, COMPLETE CHART BELOW  
USE ADDITIONAL PAPER IF NECESSARY

DATE

AGENCY

CITY & STATE

CHARGE

DISPOSITION

4.) Have you ever been found guilty of, or entered a plea of guilty or nolo contendere to, operating a vehicle while intoxicated?

YES  NO

EXPLAIN

5.) Have you ever received a pardon or expungement for a criminal offense?

YES  NO

EXPLAIN

6.) Are you currently on probation or parole for a criminal offense?

YES  NO

EXPLAIN

7.) Are there any immediate civil or criminal action pending against you or your spouse?

YES  NO

EXPLAIN

8.) Have you ever received a traffic citation or been involved in a traffic accident?

YES       NO

EXPLAIN

9.) Have you or your spouse ever had your wages garnished?

YES       NO

EXPLAIN

10.) Have you or your spouse ever been a party to small claims or court action?

YES       NO

EXPLAIN

11.) Have you ever been committed or voluntarily admitted to any treatment facility, institution or hospital for the abuse of a controlled dangerous substance as defined in R.S. 40:961 – 40:964, or for the abuse of alcoholic beverages?

YES       NO

EXPLAIN

12.) Have you ever been hospitalized in an institution for any form of mental illness or infirmity?

YES       NO

EXPLAIN

13.) Have you ever received medical treatment for a mental disorder of any kind by a licensed medical practitioner?

YES       NO

EXPLAIN

14.) List all hospitalizations within the past ten (10) years.

DATE	HOSPITAL	CITY & STATE	REASON

15.) List all health care providers you have seen within the past five (5) years.

HEALTH CARE PROVIDER	ADDRESS	TELEPHONE NUMBER

16.) If employed by the Carencro City Police Department, do you anticipate any income other than this department's income?

YES     NO

EXPLAIN

17.) If it became necessary, in the course of your police duties, to take a life, would you have any reluctance to do so because of religious beliefs?

YES     NO

EXPLAIN

18.) We are looking for a permanent employee and will make an investment in training. Is there any reason why you would not expect to finish training with the Carencro City Police Department?

YES     NO

EXPLAIN

19.) Due to the rising cost of training, do you think you would be reluctant to entering into a one year agreement / contract with the Carencro City Police Department?

YES     NO

EXPLAIN

20.) Have you ever served in the Army, Navy, Air Force, Marine Corps, R.O.T.C., Military Reserves or other military or semi military organizations?

YES     NO

EXPLAIN

21.) Are you required to attend active duty? How long and where must you attend?

YES     NO

EXPLAIN

22.) List any and all special skill or training:

23.) List all organizations, clubs and social groups that you are currently or have been a member of:

24.) Within the past five years, have you been terminated or resigned in lieu of termination from any position for reasons other than a reduction in force?

YES     NO

EXPLAIN





**PLEASE READ CAREFULLY**

I certify that the statements on all pages of this personal data questionnaire and application are true to the best of my knowledge. I understand that all statements will be investigated for accuracy. I realize that any misrepresentation or falsification on my part may be a cause for my rejection or dismissal.

I fully recognize that any comment of appointment to a position with the Carencro City Police Department is subject to a review of character investigation and employment check. I understand that should I be an eligible candidate for employment with the Carencro City Police Department, I may be requested to submit to a pre-employment physical and be required to take a polygraph examination. I also understand that an oral employment interview board may interview me.

The Carencro City Police Department may, following a review and audit of the above-mentioned investigations and examinations, rescind or cancel my appointment or position.

---

SIGNATURE OF APPLICANT

---

DATE

## AGREEMENT TO REPAY TRAINING FUNDS

I, \_\_\_\_\_, upon accepting employment with the Carencro City Police Department, understand and accept the following conditions:

In accordance with Act 817 of the 2003 Louisiana State Legislature, Regular Session, R.S. 40:2402(4) and 40:2405(F), relative to the Peace Officers Standards and Training Law regarding, peace officer training requirements and reimbursement of peace officer training by the peace officer, allowing for the collection, by law, of the aforementioned.

I agree to repay the cost of the Peace Officer Standards and Training course, along with any/all salary earned while attending such course, should I not complete through my own fault, (e.g. expulsion from the course for any misconduct, or termination of employment relationship for any reason). Repayment shall not be required if such dismissal is due to accident or injury.

If my employment relationship is terminated for any reason within a period of one, (1) year following the completion of the above-mentioned training, I agree to repay any/all cost.

I agree that any necessary payment will be taken from my final paycheck, and that any remaining balance will be paid within thirty, (30) days of my last day of employment with the Carencro City Police Department. I agree to pay twelve, (12%) percent interest, one percent per month, on any uncollected balance after thirty, (30) days. In addition, I agree to pay attorney's fees, should an attorney be required to collect this money and all costs associated therewith.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCEPTING FOR THE CHIEF

\_\_\_\_\_  
DATE