

## Independent Contractor <u>Law Enforcement Officer Information Form</u>

Contact Information:			
Name		SS#	
	Agency PX#		
Home address			
	Home PX#		
Southern LINC#	Nextel#	Cell#	
Administrative Informati	on:		
POST Certified (required):	Yes No Certificate #_		
POST qualified with all fir	earms utilized during assign	ment (required): Yes No	
Handgun: Make/Model		Caliber	
Long Rifle: Make/Model		Caliber	
Shotgun: Make/Model		Gauge	
Less lethal weapons i.e. to	asers or chemical sprays yo	u are qualified to use (qualification re-	
quired)			
List any specialized areas y	you are trained in :		
By signing, I certify that the	ne above listed information i	s correct, I am a independent contractor,	
Certified Law Enforcement	nt Officer and am qualified l	by POST standards to use any weapons l	
will be utilizing while on a	ssignment.		
Date	Officer		
	Signatu	ire	