

STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY



APPLICATION  
for a  
SPECIAL OFFICER COMMISSION

This packet contains:

- General information and instructions
- Application for a Special Officer Commission

Direct inquiries to:

Department of Public Safety  
Office of the Commissioner  
5700 East Tudor Road, Anchorage, AK  
99507 Phone (907) 269-4542  
FAX (907) 269-4543  
[dps.specialcommission@alaska.gov](mailto:dps.specialcommission@alaska.gov)

## GENERAL INFORMATION

*Retain for your files*

### 1. SPECIAL OFFICER COMMISSION

By applying for a special officer commission, you acknowledge that you have read and understand the state law AS 18.65.010, relating to the appointment of special officers. Appointment as a Special Officer will be limited to 24 months at which time a renewal application must be submitted.

### 2. APPLICATION PROCESS

Review your application and all required documentation before you submit them. Failure to submit a properly completed application and all required supporting documentation listed in #3 below may delay the processing of your application.

- Your supervisor must sign the application.
- If approved, you will receive a Certificate of Commission and an ID Card.

### 3. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH INITIAL APPLICATIONS:

- a. **One complete fingerprint card of acceptable technical quality.** Fingerprints submitted must be on a standard 8" x 8" FBI Applicant Fingerprint Card and be rolled by a person or agency approved by the department or by a law enforcement agency or state correctional facility at the discretion of the agency or facility. Submit to address below.
- b. **One quality frontal view color photograph** with plain background taken within the 30 days preceding your application. Top of head to top of shoulders. No hats or sunglasses. Submit as an attachment.
- c. **One photocopy of your credentials issued by your employer.** Submit as an attachment.
- d. **Official job description and duties if not employed as a police officer.** Submit as an attachment.
- e. **Copy of your agency policies and procedures as they relate to the purpose of the requested Special Commission.** Submit as an attachment.

### 4. THE FOLLOWING ITEM MUST BE SUBMITTED WITH RENEWAL APPLICATIONS:

- A. **One quality frontal view color photograph** with plain background taken within the 30 days preceding your application. Top of head to top of shoulders. No hats or sunglasses.

### 5. ADDRESS FOR APPLICATION SUBMISSION:

All items (except 3a fingerprint card) should be emailed to [dps.specialcommission@alaska.gov](mailto:dps.specialcommission@alaska.gov). Fingerprint card should be mailed to:

Department of Public Safety  
Office of the Commissioner  
5700 East Tudor Road  
Anchorage, AK 99507

ALASKA DEPARTMENT OF PUBLIC SAFETY Office of the Commissioner	<b>APPLICATION FOR  SPECIAL OFFICER COMMISSION</b> Please type or print
A special officer commission may be authorized when it is necessary to aid and assist State Troopers in the enforcement of the criminal laws of the state. <i>AS 18.65.010</i>	

Application type:  NEW  RENEWAL – Expiration date of current Special Officer commission: \_\_\_\_\_

**1. APPLICANT INFORMATION**

FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX
DATE OF BIRTH (MM/DD/YYYY)				SOCIAL SECURITY NUMBER		
HEIGHT FT   IN	WEIGHT LBS	HAIR COLOR	EYE COLOR	DAYTIME TELEPHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		

**2. EMPLOYING AGENCY INFORMATION**

EMPLOYING AGENCY			YOUR OFFICIAL JOB TITLE		
AGENCY PHYSICAL ADDRESS		CITY	STATE	ZIP CODE	
AGENCY MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE	

**3. CRIMINAL CONVICTIONS (If any, including SIS, SI, Pardon, Expungement)**

DATE OF ARREST	CHARGE(S)	DISPOSITION

**4. LAW ENFORCEMENT CERTIFICATION**

STATE/ FEDERAL	TYPE OF CERTIFICATION	DATE CERTIFIED	CERTIFICATION NUMBER

**5. QUALIFIED TRAINING (IF NOT A CURRENTLY CERTIFIED LAW ENFORCEMENT OFFICER)**

COURSE OR SCHOOL ATTENDED	TAUGHT BY	HOURS	DATES ATTENDED	
			FROM	TO

**6. ALASKA STATUTES AND/ OR REGULATIONS THAT AUTHORIZE THE AUTHORITY OF YOUR POSITION DUTIES**

STATUTE/ REGULATION CITATION	SHORT TITLE

**7. GEOGRAPHIC LIMITS OF THE REQUESTED AUTHORITY (If applicable)**

**8. HOW WOULD THE ISSUANCE OF A SPECIAL COMMISSION DIRECTLY SUPPORT THE MISSION OF THE ALASKA STATE TROOPERS?**

**9. CERTIFICATION**

**I HEREBY CERTIFY THAT:** All statements, answers, and attachments to this application are true and complete. I understand that a criminal history background check will be conducted as part of the application process which may involve computerized records searches and I authorize these checks.

**I DO SOLEMNLY SWEAR (OR AFFIRM) THAT:** I will support and defend the Constitution of the United States and the Constitution of the State of Alaska, and that I will faithfully discharge my duties as Special Officer of the Alaska Department of Public Safety to the best of my ability.

Signature of Applicant (**USE A SHARPIE**)

Date

**10. EMPLOYING AGENCY CONCURRENCE**

I support the issuance of a Special Officer commission for the above-named applicant for the purpose of aiding and assisting State Troopers in the enforcement of the criminal laws of Alaska.

\_\_\_\_\_  
Full Name of Agency Head or Designee (clearly printed or typed)

\_\_\_\_\_  
Signature of Agency Head or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone Number

Department Use Only

Approved

Not Approved

Signed By \_\_\_\_\_