



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive

Harrisburg, Pennsylvania 17112-9748

<http://www.psp.pa.gov/MPOETC>

POLICE OFFICER IDENTIFICATION CARD REQUEST FORM

IDENTIFICATION OF OFFICER SUBMITTING REQUEST

APPLICANT LAST NAME	APPLICANT FIRST NAME	TELEPHONE	MPO CERTIFICATION NUMBER	
APPLICANT MAILING ADDRESS		CITY/BORO	STATE	ZIP CODE

TYPE OF REQUEST

LOST CARD: Officers shall request a replacement identification card any time their current card has been lost or stolen. Officers requesting a new card will be charged a nonrefundable fee of \$15. Officers who recover the lost or stolen identification card shall return the recovered identification card to the Commission immediately. Failure to return a recovered identification card to the Commission will result in an administrative investigation and may delay further certification actions.

REPLACEMENT CARD: Officers may request a replacement identification card if their current card is illegible, damaged, or if they have experienced physical changes and no longer resemble the photograph on their current card. Officers requesting a replacement card will be waived of the \$15 fee if they return their current card to the Commission. Failure to return an identification card for which a replacement has been received will result in an administrative investigation and may delay further certification actions.

SELECT THE APPROPRIATE OPTION BELOW

I am requesting a **new** identification card because my card was lost or stolen. I am not returning a card to the Commission.

I am requesting a **replacement** identification card and will return my current identification card upon receipt of the new card.

APPLICANT SIGNATURE	DATE
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COUNTY OF _____

On this, the _____ day of _____, _____ before me, _____,

the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name and signature appear above, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

Printed Name: _____

My Commission Expires: _____