



AUXILIARY POLICE FEDERATION INTERNATIONAL

APPLICATION FORM

NAME:.....

ADDRESS:.....

PHONE:..... CELL:.....

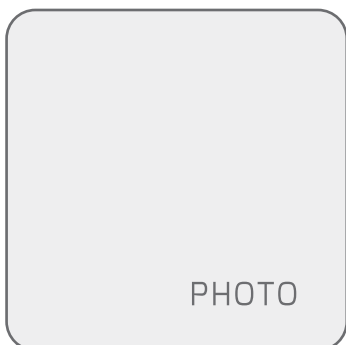
DATE OF BIRTH:..... E-MAIL:.....

SERVICE UNIT:.....

CIVIL OCCUPATION:.....

**IN THE CONSCIOUSNESS OF MY CRIMINAL RESPONSIBILITY I DECLARE
THAT I AM NOT UNDER ANY CRIMINAL PROCEDURE.**

DATE:..... SIGNATURE:.....



APF fills it in:

badge number:.....

date of entry:.....

I received the pass and the badge:

.....
signature