

SALT LAKE CITY POLICE DEPARTMENT CITIZENS ACADEMY



(All lines must be completed and must be signed)

Once you have filled out the application, please print, sign/date, then submit by one of the following methods:

Fax: 801.799.3419

Email: citizensacademy@slcgov.com
In Person: Public Safety Building, 475 S. 300 East, SLC, UT 84111

Date of request:				
Referred by:				
	Email:			
Date of Birth:				
Residence address:				
Business address:				
	Business phone:			
I.D. or Driver License #:				
Emergency Contact:				
Do you work or live in Salt Lake				
Applicants signature:	Date:			
a first-come, first-served basis, as long a background check. The minimum dress stockings, thongs or bare feet WILL NO be armed. For Department Use Only ***********************************	standard will be casual sport T be allowed. Civilian or n	s attire. Shorts, c on-sworn with o	ut-offs, tank or tu or without a cond	be tops, sandals without cealed carry permit may NOT
Background Check (must be com			****	******
Versadex: Warrants:		,	DL:	_ See Attached
Concealed Firearm Permit? Y	es		By:	
*********	*******	******	******	********
Has waiver been signed? ☐ Y	es \square No (Cannot a	approve if wai	ver has not bee	en signed)
Approved? □ Yes □ No B	ureau Commander Si	gnature:		ID:
*********	*******	*******	*******	********
Date of Academy:				
Comments or Problems:				
Lieutenant's Name	II)· Si	onature.	