



# AUXILIARY POLICE FEDERATION INTERNATIONAL

## APPLICATION FORM

NAME:.....

ADDRESS:.....

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

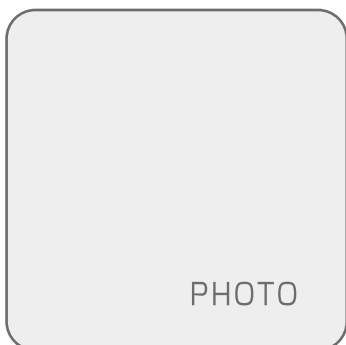
DATE OF BIRTH:..... E-MAIL:.....

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*