

Nassau County Executive

Commissioner of Police

## **APPLICATION**

Date			Date of Birth	
First Name	MI	Last Nan	ne	
Business/Organization Name				_
Address				_
City	State		Zip Code	
Your Position/Title				
Type of Business				
24 Hour Phone Number	_ Phone Number_		Extension:	
FAX Number	Cell Number			
Email Address				_
Additional Contact Person				_
Number Non-Security Employees	S			
Number Security Personnel				_
Number Armed Personnel			Number Peace Officers	
Retired from Law Enforcement?	No Yes (If Yes, Descr	ribe below)		
Have you ever been convicted of a		be conducted	i)	_
Signature of Applicant				_

email completed form to **NCPD Homeland Security** SPIN@pdcn.org

Phone: 516-573-9788