

## DPSST NCIC Self-Disclosure Form

DPSST has obtained information that \_\_\_\_\_ has an FBI number established. Please review the NCIC information provided to you from your agency and self-disclose any entries reported. This information is necessary to determine your eligibility for training and/or certification.

| Type of Entry  | Agency                                   | City, State |
|--|--|-------------|
| <input type="checkbox"/> Applicant <input type="checkbox"/> Arrest <input type="checkbox"/> Conviction<br><input type="checkbox"/> Other _____ |  |             |
| <b>Date:</b> _____   | <b>Charge or reason for entry:</b> _____ |             |
| <b>Statute/Arrest Code:</b> _____  |  |             |
| <b>Disposition:</b> _____  |  |             |
|  |  |             |

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| <b>Statute/Arrest Code:</b> _____  |  |             |
| <b>Disposition:</b> _____  |  |             |
|  |  |             |

Yes    No   The information contained on this form is true and correct to the best of my knowledge. **I understand that falsification of this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke public safety officer certification.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AGENCY HEAD or AUTHORIZED REPRESENTATIVE: I affirm the above information is true and correct. I understand that falsification of this document makes me subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke public safety officer certification.**

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
Department Head or Authorized Representative

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_