HONOLULU POLICE DEPARTMENT
BUSINESS POLICE ACADEMY APPLICATION

--Confidential: HPD use only--

(Please type or print clearly)

Name: _____
Last Name First Name MI

Address: _____ Home Phone #: _____

City/Zip Code: _____

Name of Employer: _____

Address: _____

Position/Title: _____ Business Phone #: _____

Driver License Number: _____

Why do you wish to attend the Business Police Academy?

_____

_____

_____

_____

I give the Honolulu Police Department permission to verify the information that I have provided on this application.

_____ _____
Signature Date

Applications may be mailed or delivered to:

Honolulu Police Department
Criminal Investigation Division
801 South Beretania Street
Honolulu, HI 96813

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