

Attestation

and

Law Enforcement Unit Verification

Arson Investigator Applicant's Attestation

I hereby attest and affirm that the information supplied herein is true to the best of my knowledge.

_____/_____/_____
Applicant's Signature *Date*

Law Enforcement Unit Verification

Name and Address of Employing Law Enforcement Unit

This is to certify that the above named officer is recommended by me for certification as an Arson Investigator.

Signature of Unit Chief

Date

Printed name

Sworn to and subscribed before me this date.

SEAL

My Commission expires: _____/_____/_____

Notary Public or Ex. Off. J.P.