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IMPERIAL COUNTY SHERIFF'S DEPARTMENT
P.O. BOX 1040, El Centro, CA 92244

DATE OF APPLICATION

SGT. APPROVAL

RIDE ALONG REQUEST PRE-SCREEN

DATE OF R/A

ASSIGNED DEPUTY

PLEASE COMPLETE INFORMATION BELOW

SECTION I PERSONAL INFORMATION

LAST NAME | FIRST NAME | MIDDLE

SEX	DOB	PLACE OF BIRTH	LIC. NO.	STATE

HEIGHT	WEIGHT	EYES	HAIR	COMPLEXION	AGE	NICKNAMES

RESIDENCE ADDRESS: | CITY | STATE | ZIP

EMPLOYMENT / OCCUPATION: | HOME PHONE #

IN CASE OF EMERGENCY NOTIFY: | WORK PHONE #

RELATIONSHIP: | OTHER #

SECTION II APPLICANT HISTORY INFORMATION

HAVE YOU EVER BEEN ARRESTED BEFORE? DATE: AGENCY:

VIOLATIONS:

HAVE YOU EVER BEEN DETAINED OR INTERVIEWED BY LAW ENFORCEMENT?

REASON: DATE: AGENCY:

HAVE YOU EVER PARTICIPATED IN A RIDE ALONG BEFORE?

OFFICER: DATE: AGENCY:

SECTION III OFFICE USE ONLY

1. SHERIFF OFFICE AFFILIATION:

2. PRIOR R/A WITH I.C.S.O.:

3. 10-27 STATUS: 4. 10-29 STATUS: 5. 290 P. C. STATUS:

6. L.E. CONTACTS / CAD COMMENTS:

7. SCREENING STATUS / COMMENTS:

Approved _____ By: _____

Not Approved _____ Title: _____

Form No. 14-54