



**PENNSYLVANIA STATE POLICE
BUREAU OF LIQUOR CONTROL ENFORCEMENT**

**APPLICATION TO PARTICIPATE IN THE AGE COMPLIANCE CHECK PROGRAM
UNDERAGE BUYER**

ALL INFORMATION SHALL BE PRINTED WITH A BALL POINT PEN, TYPED, OR COMPUTER GENERATED.

1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:		4. DATE OF APPLICATION:	
5. HOME ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE):						6. HOME TELEPHONE NUMBER:	
7. SCHOOL NAME AND ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE):						8. SCHOOL TELEPHONE NUMBER:	
9. EMAIL ADDRESS (HOME /PERSONAL):			10. SCHOOL EMAIL ADDRESS:			11. CELLULAR TELEPHONE NUMBER:	
12. DATE OF BIRTH:		13. AGE:		14. TYPE OF IDENTIFICATION AND NUMBER (OF FOUR APPROVED TYPES):			
15. EMERGENCY CONTACT (NAME/RELATIONSHIP):			16. EMERGENCY CONTACT ADDRESS:			17. EMERGENCY CONTACT TELEPHONE:	
18. ADDITIONAL EMERGENCY CONTACT INFORMATION AS NECESSARY:							
19. MAJOR COURSE OF STUDY:		20. YEAR (CHECK ONE): FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> OTHER <input type="checkbox"/>				21. ACADEMIC CONTACT (NAME/TELEPHONE):	
22. ARE YOU WILLING TO PERFORM REQUIRED FUNCTIONS OF AN UNDERAGE BUYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			23. HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN IN NARRATIVE. <input type="checkbox"/> YES <input type="checkbox"/> NO			24. DO YOU NOW OR HAVE YOU EVER WORKED AT AN ESTABLISHMENT THAT SERVES ALCOHOL? IF YES, EXPLAIN IN NARRATIVE. <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. MEDICAL CONDITION(S): FOR YOUR SAFETY, DO YOU HAVE ANY CONDITION(S) THAT BUREAU OFFICERS SHOULD BE AWARE OF (E.G., ALLERGIC REACTIONS)? IF YES, EXPLAIN CONDITION(S) AND REQUIRED MEDICAL ACTION IN THE NARRATIVE. <input type="checkbox"/> YES <input type="checkbox"/> NO					26. DATE AVAILABLE TO START:		
27. NARRATIVE – EXPLAIN REASONS FOR YOUR INTEREST IN THIS POSITION:							



28. PHOTOGRAPH – HEAD/SHOULDER VIEW (CLOSE UP):		29. PHOTOGRAPH – FULL BODY SHOT SHOULDER WIDTH, HEAD TO TOE:	
30. COPY OF VALID DRIVER'S LICENSE/PA IDENTIFICATION CARD:		31. COPY OF OTHER FORM OF IDENTIFICATION OR ADDITIONAL PICTURE:	
<p>I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION, FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACT AND THAT THE INFORMATION GIVEN TO ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ALL INFORMATION AND STATEMENTS GIVEN TO ME ON THIS APPLICATION ARE SUBJECT TO INVESTIGATION. I AM FURTHER AWARE THAT SHOULD ANY INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF FACT I MAY BE DISQUALIFIED AS AN APPLICANT OR AS AN UNDERAGE BUYER, FOR THE AGE COMPLIANCE CHECK WITH THE PENNSYLVANIA STATE POLICE, BUREAU OF LIQUOR CONTROL ENFORCEMENT AND, IF I HAVE BEEN SELECTED, I MAY BE DISMISSED FROM THE PROGRAM, AND MY SCHOOL RECEIVE NOTIFICATION OF SUCH DISMISSAL.</p>			
32. SIGNATURE OF APPLICANT:		33. PRINTED NAME OF APPLICANT:	34. DATE:
35. SIGNATURE OF WITNESS:		36. PRINTED NAME OF WITNESS:	37. DATE:
38. APPROVAL SIGNATURE (CAGE UNIT SUPERVISOR):			39. APPROVAL DATE: