



Application for the TIAPD Patrol Ride Along Program

Name (L, F, M): _____ Date of Birth: _____

Phone Number: _____ Email: _____

Social Security Number: _____ Aliases/Maiden Name: _____

Officer/Shift Requested: _____

Reason for Ride Along Request (civic, educational, etc.):

By signing this application, the applicant submits to a criminal history check and prior contact check.

Applicant Signature

Signature
Professional Standards Unit

**Internal Use Only
Criminal History Check/Prior Contact Check/Results**

FCIC/NCIC Checks: _____

Prior Contact (if prior contact discovered, list circumstances): _____

Criminal History Check: Felony: _____ Misdemeanor: _____

Explain: _____

Approved Yes ___ No ___

Reason for Disapproval: _____

Director of Public Safety and Security

Date of Scheduled Ride Along: _____

Officer Assigned: _____