

## ARIZONA DEPARTMENT OF PUBLIC SAFETY PASSENGER REQUEST AND LIABILITY WAIVER

INSTRUCTIONS												AF
This Passenger Rec Passenger Request After completion o Commander for ap	TING THE APPLIC quest and Liability V and Liability Waive f a criminal / record proval. Approval b or will contact the ap	Vaiver is to be co er is to be forward s check, the appl y the respective I	ompleted an ded to the D ication will District Con	d signed by the DPS office in the be reviewed by nmander must b	applicant; a e area where the Area S be obtained	minors i e the rid Supervis	nust obta e along o or and for	in parenta r observat warded to	l approvations will to the Distr	take pla ict		APPLICANT'S FULL NAME: (Last, First, Middle)
APPLICANT	y will contact the ap			internal process	<u></u>							AME
RESIDENCE STREET AD	DDRESS		CITY			1	STATE	ZIP COD	E			 ר
					I.							ıst, F
IDENTIFICATION (Numbe	er, Class,	State, Exp	iration)		5	SOCIAL SE	CURITY NU	MBER		YES	NO	irst, Mid
1 Have you eve	er been convicte	d of a felony o	or are cha	araes pendin	ч?							dle)
-	ently using any o	-			-	n any	drug or	narcotic	related			
-	en arrested in th	e last three ye	ears?									
4. Are you on p												
		ler of Protectio	on or Iniu	nction Agains	st Harass	ment?						
<ul> <li>5. Are you the subject of an Order of Protection or Injunction Against Harassment?</li> <li>6. Are you now or have you ever been a member of a criminal street gang or a criminal organization to include an outlaw motorcycle gang?</li> </ul>												
	any disability ac	* *	s?									
If yes, please	e describe:									-		
Are you an Exp	lorer Scout?											Q
Are you a certifi	ied police officer	2 Agency:										DATE OF BIRTH
•	duty employee o		oper?									0F I
BADGE TIT	• • •		ION CODE	SUPERVISOR	S APPROVAL				DATE			BIRT
				X								국
PURPOSE												
Passenger BF	RIEFLY EXPLAIN WHY YO	U WISH TO PARTICIF	PATE IN THE C	IVILIAN PASSENGE	R / OBSERVER	R PROGRA	.M:					되
Observer												MET
												<u>HOME</u> TELEPHONE NUMBER
RIDE ALONG												HO
	with a trooper dur											É Z
DATE	BEGINNING TIME	ENDING TIME	DISTRICT	AREA	TROOPER							UMB
LIABILITY WAI	/ED											FR
	bserver in the Ariz	ona Departmen	t of Public	Safety's vehic	le, I agree t	to abide	by all ru	les and g	uidelines	and to	the	
1. To release and property or inj	hold harmless the ury sustained whil r through negligen	e accompanying	a, its emplo a DPS tro	yees and agent oper in the line	ts, from any e of duty, r	y and al egardle	l liability ss of the o	for any cause of s	damage t such dama	o perso age or	onal	
2. That this releas	se of liability shall	apply to any rig	ht of action	n that might ac	crue to my	self, my	parents	or guard	ians, my	heirs o	r	WO
any other personal representative. 3. To assume all risks when accompanying a DPS trooper while on-duty and / or while riding in a state-owned vehicle, knowing that									WORK TELEPHONE NUMBER			
personal danger is involved. 4. This waiver and release of liability shall be in effect for a period of 180 days commencing with the date of execution and subsequent District Commander's approval.										EPHON		
=	rogram rules and		the rever	e side of this	form and	the abo	ve liahil	ity waive	r			
-	l agree to abide b	~	ine revers		joini ana i	<i>inc ub</i> 0	ve nabn	uy waive				IMBER
х						х						
APPLICANT'S SIGNATU	RE			DATE	<u>1</u>	WITNESSI	NG DPS EM	PLOYEE OR	NOTARY PL	IBLIC	—	
Х						DATE						
	e applicant under 18 years	of age, I grant permiss	ion	DATE	r	NUTAR	r, My con	nmission e	expires:			

## **RIDE ALONG RULES AND GUIDELINES**

- 1. Written parental approval is required for all unmarried persons under 18 years. Parental endorsement must be notarized or witnessed by a DPS employee.
- 2. Persons under 16 years of age may not participate except for members of an organization recognized by the Department.
- 3. Participation may not be approved if: applicant, over 18 years, does not have proper identification; applicant's driver's license is suspended or revoked; a warrant for applicant's arrest has been issued; or applicant has been convicted of a felony
- 4. Civilian dress must be in good taste and consistent with department standards. Female observers must wear pants / slacks. Dresses, skirts and shorts are not permitted.
- 5. Firearms or other weapons shall not be carried by a civilian. Certified law enforcement officers from other agencies must have the approval of the District Commander before carrying a weapon while riding with a DPS trooper.
- 6. The observation ride may be terminated by the trooper at any time due to hazardous conditions or observer misconduct. The civilian may request to terminate the ride at any time and the trooper will honor the request as soon as it is practical to do so.
- 7. For personal safety, the civilian must follow the directions of the trooper, particularly in the event of unusual or hazardous conditions.

## **RECORD OF RIDE ALONG**

Before each ride along, the applicant must sign this record of ride along to reaffirm acknowledgment and understanding of the rules, guidelines and Liability Waiver. The respective Area Supervisor or designate must approve before any civilian may ride.

DATE	PASSENGER / OBSERVER SIGNATURE	AREA SUPERVISOR / DESIGNATE	TROOPER'S BADGE	TROOPER'S INITIALS
	x			
	x			
	x			
	x			
	x			

DDC LICE ONLY

DP3 031						
BACKGROUND						
The DPS Area Supervisor will check the following to determine	ne if the applicant	meets the criteria for	participation:			
Application completed and signed	$\Box$ None of the responses to questions 1-6 are "Yes"					
☐ If under 18 years, parental permission signed and witnessed	□ Identification valid					
□ No suspensions / revocations	$\Box$ No outstanding warrants $\Box$ No felony convictions					
REMARKS						
APPROVALS						
X						
AREA SUPERVISOR	BADGE	LOCATION CODE	DATE			
Approve						
Disapprove X						
DISTRICT COMMANDER		BADGE	DATE			
ADDITIONAL REMARKS						