

# M.A.R.G.I.N. GANG SPECIALIST APPLICATION

## APPLICANT INFORMATION

Applicant Name:		Date:
Date of Birth:	Employee ID#:	Title:
Home Address:		
City:	State:	ZIP Code:
Cell Phone:	Work Phone:	Email:

## EMPLOYER INFORMATION

Agency Name:		
Agency Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Years Employed:

## AGENCY APPROVAL

I acknowledge that I am a supervisor or in the chain of command of the above named employee. I attest the aforementioned employee is an active employee and has been a full time employee of the aforementioned agency for a period of more than two years. The applicant has as one of their primary responsibilities criminal street gang investigations.

Signature:	Title:	Date:
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## DIRECT SUPERVISORS REFERENCE INFORMATION (ATTACH SUPERVISORS RECOMMENDATION LETTER TO APPLICATION)

Supervisor Name:	Supervisor Title:	
Work Address:		
City:	State:	ZIP Code:
Cell Phone:	Work Phone:	Email:

## GANG INVESTIGATORS ASSOCIATION MEMBERSHIP

Association Name:
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## CERTIFICATION SIGNATURE

I certify that there are no misrepresentations or falsifications in the foregoing application. All entries in this application are true, complete and correct. I certify that I have attended all the required training and there are no falsifications or misrepresentations on the attached certificates and/or documentation.

Applicant Signature:	Date:
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Mail completed application, direct supervisor recommendation letter, copies of all certificates and other supporting documentation in one package to:

**MID ATLANTIC REGIONAL GANG INVESTIGATORS NETWORK**  
**PO Box 41**  
**Fairplay, MD 21733**



If paying by check, please include check in your application packet. Payment can be made online separately for the Gang Specialist Program and/or in conjunction with the Annual MARGIN Gang Training Conference fee by PayPal and/or Credit Card. Visit [www.margingangs.org](http://www.margingangs.org) or email any of the MARGIN board of and/or regional directors for more information. Thanks for supporting MARGIN.