

SUPPLEMENTAL APPLICATION CORRECTION FORM

Date:

Exam ID #:

Last Name:

First Name:

Please complete and submit this form **only** if you can change **all** of the answers to the questions you failed on the Supplemental Application. Please refer to your Failed Supplemental Application email for the listing of the questions you failed.

You must email this completed form within 7 calendar days from the Failed Supplemental Application email date requesting the department to change all of your failed Supplemental Application answers. **8 c`bchgi Va JhH YZfa `JZnci `WUbbchW Ub[Y`U`nci f`fYgdcbgYg`h UhX]gei U]ZYX`nci "A**When completed, click Email Submit above to forward your form to the Office of Peace Officer Selection. You will receive a confirmation email when your form is received.

If you have any questions, you may call our Customer Service Unit at (866) 232-5627 (within 7 calendar days of the fail email date) to have staff review your form with you. However, you are still required to submit the Correction form within the 7 calendar days.

Please list all failed question number(s) and check your correct answer. If you have a conviction that has been dismissed by a court order, list the failed question number(s) check yes or no for your correct answer **and** check the dismissed box. **If you failed questions 2, 6, 7, or 8, in addition to submitting the Correction form if your conviction was dismissed, you are to fax a copy of the court disposition documents relating to the offense you were convicted of to (916) 255-3302 for review.**

Question Number: (1 to 33)	Answer: (Yes or No)	Conviction Dismissed
	YES NO	DISMISSED

Please keep in mind that all answers will be verified during the background investigation process.

I hereby certify that all the information entered on this Supplemental Application Correction Form (SACF) is true and complete to my knowledge and that if I do not answer the question(s) truthfully, I will be eliminated from the examination process.