



The Commonwealth of Massachusetts
Department of State Police

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83RTT Candidate Identification Form

This is a PDF Fillable Form. Please save it to your hard drive, complete the form and bring it, and one copy to your scheduled 1.5 mile run.

Candidate Number:

Name: _____

Date of Birth: _____

SSN:

Email address: _____

Cell Number:

Home Phone:

You must bring one original and one copy of this form to the fitness assessment.

It is your responsibility to notify the Department through the email address of HR@pol.state.ma.us in the event any of your personal contact, employment or home address information changes.