



**BERKELEY POLICE DEPARTMENT**  
 2100 Martin Luther King Junior Way, Berkeley, CA 94704  
 TEL: (510) 981-5900, TDD (510) 981-5799, FAX: (510) 981-5744  
 EMAIL: [police@cityofberkeley.info](mailto:police@cityofberkeley.info)

## APPLICATION FOR EXTRA DUTY SERVICES

<b>Applicant Information</b>	
Name:	Address:
Phone:	Alternate Phone:
Email:	
<b>Reason for Request and Officer Responsibilities</b>	
One Time Event <input type="checkbox"/>	Annual Employer <input type="checkbox"/>
Reason for the Request:	
List Responsibilities that Officer(s) will provide:	
Number of Officer(s) Requested:	
<b>Event Information</b>	
Date(s) of Event:	
Event Address:	
Company or Event Name:	
Company Address:	
Company Phone:	Email:

<p><b>Insurance:</b>          A completed general liability endorsement for \$1,000,000 naming the prospective employee(s) as the insured for the period of Extra Duty Employment is required.  <b>Insurance Agency Name:</b> _____ <b>Phone Number:</b> _____  <b>Policy Number:</b> _____ <b>Expiration Date:</b> _____  <b>A copy of the Insurance Policy Attached, If not explain:</b> _____</p> <p><b>Billing:</b>          The Organization will be billed by the City for Services rendered by the Personnel at the overtime rate of the individual Personnel who provide the Services plus indirect costs of 10% of the hourly rate. The specific hourly rate for the individual Personnel shall be determined by the City and shall include a three-hour minimum charge per individual Personnel. Billing for Services shall begin from the time the officer leaves the police station to travel to the off-site work area and will continue until the officer has returned from the off-site work area to the police station.          The applicant's submission is an acknowledgement that any Police Services offered are subject to the City of Berkeley Police Department Service Agreement, and that Police Officers will adhere to all Berkeley Police Department policies, procedures, and all local, state, and federal laws. The applicant further acknowledges and agrees that in all instances, the police personnel shall at all times be subject to the exclusive direction, supervision, and control of the Police Department.</p>
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<b>Applicant Signature</b> Applicant has declared that the information provided in this application is true and correct.	
Signature:	Date:
<b>BPD USE</b>   Received By:	Date Received: