APPLICATION FOR A CONSTABLE LICENSE CITY OF SOMERVILLE, COMMONWEALTH OF MASSACHUSETTS

Name Tames M DiFraia	Date of Birth 8-26-60	
Residential Address, City, Zip 92 Movela	ud st somerville ma 02145	
How Long at this Address? 1987	920	
Email Address Comethead PROW. Co.	"Website	
Present Employer City of Somewille	Present Occupation Foreman / Hishway	
Do you currently hold a License to Carry a firearm Have you ever had a License to Carry a firearm re or had an application for such denied, here or in	evoked or suspended	
Where do you currently serve as an appointed Co	nstable?	
City or Town Year first Appointed	City or Town Year first Appointed	
Somerville 2008		
For new Constables only, Why do you seek appo	ointment?	
For new Constables only, What are your qualific		
For new Constables only, Who do you expect to	serve?	
I understand that this license will be subject to a forth in the Somerville Code of Ordinances, an conditions prescribed by the Mayor or Board of time at the pleasure of the Board of Aldermen. I citizen of the United States and a resident of Some true and accurate, and that to my best knowledge paid all State taxes required under law. Signature James W D: France	y applicable State and Federal laws, and any Aldermen, and that it will be revocable at any sertify under the penalties of perjury that I am a crville, that all statements in this application are	

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Applicant Name	ames m Di	Fraid	
ATTORNEY RECOM	IMENDATION (For	new Constables only):	
a Somerville resident, o known to me, that I have	lo state upon honor the re reviewed this applicant is a person of good	n good standing for the last the applicant is a Some ation and believe each of a moral character and reput	rville resident personally the statements on it to be
Signature		Print Name	
Business Address			
I, the undersigned Som personally known to me	erville resident, hereb , that I have reviewed hat the applicant is a	y state that the applicant this application and believ person of good moral contents.	is a Somerville resident we each of the statements
Signature	Name (Print)	Street Address	Occupation
	-		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
POLICE CHIEF REC	OMMENDATION (F	or all Constables):	
I, the Chief of Police, ha	ving reviewed this app	lication for appointment as	s a Constable:
Recommend that t	his applicant be appoir	nted.	
	d that this applicant be		
Signature Sea	7	Date_	12/8/15
Deart	y Chief		