

APPLICATION FOR A CONSTABLE LICENSE

City of Somerville, Commonwealth of Massachusetts

Date 8/6/2010

To the Honorable Mayor and the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that he/she may be granted a license to operate as a Constable in the City of Somerville. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Mayor or Board of Aldermen. Such permission shall be revocable at any time at the pleasure of the Board of Aldermen.

Name Matthew S DeRany Date of Birth 3/11/1980
Address, City, Zip 16 AVERY ST # 2 North Attleboro MA 02760
How long at this address? 9/2000 Telephone 617-784-5000
Present Employer Progressive Present Occupation Insurance Adjuster

Do you currently hold a License to Carry a firearm in Massachusetts? Yes No
Have you ever had a License to Carry a firearm revoked or suspended, or had an application for such denied, here or in any other jurisdiction? Yes No

Where do you currently serve as an appointed Constable?

City or Town	Year first Appointed	City or Town	Year first Appointed
<u>Somerville</u>	<u>9/07</u>		

For new Constables only, Why do you seek appointment? _____

For new Constables only, What are your qualifications? _____

For new Constables only, Who do you expect to serve? _____

I certify that I am a citizen of the United States and that all statements in this application are true and accurate under the pains and penalties of perjury.

Signature Matthew S DeRany

APPLICATION FOR A CONSTABLE LICENSE
City of Somerville, Commonwealth of Massachusetts
Page 2

Applicant Name _____

ATTORNEY RECOMMENDATION (For new Constables only):

I, being a member of the Massachusetts Bar in good standing for the last _____ years, and being a resident of the applicant's home community of _____, do state upon honor that the applicant is personally known to me, that I have reviewed this application, and believe each of the statements on it to be true, and that the applicant is a person of good moral character and reputation, and competent to perform the duties of a Constable.

Signature _____ Print Name _____

Business Address _____

REPUTABLE CITIZENS RECOMMENDATION (For new Constables only):

We, the undersigned citizens of _____, hereby certify that the applicant is personally known to us, that we have reviewed this application, and believe each of the statements on it to be true, and that the applicant is a person of good moral character and reputation, competent to perform the duties of a Constable.

<u>Signature</u>	<u>Name (Print)</u>	<u>Street Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POLICE CHIEF RECOMMENDATION (For all Constables):

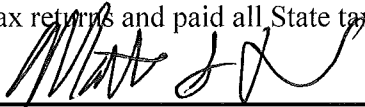
I, the Chief of Police, having reviewed this application for appointment or reappointment as a Constable and having, at the request of the Mayor, investigated the reputation and character of the applicant and his or her fitness for the office, all as provided by MGL c. 41 s. 91B, recommend that this application be:

Signature Charles J. Ferraro Approved Denied
Date 9-5-2010

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

010 627423

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

CRIMINAL HISTORY SYSTEMS BOARD
PUBLIC RECORD REQUEST INFORMATION

DeRang
Last Name

Matthew
First Name

S
M.I.

Maiden Name

3/11/1980
Date Of Birth

010627423
Social Security Number
(Requested But Not Required)

List any aliases used:

AGENCY: 20-0752 Milner Insurance Agency Inc

CONTINUATION CERTIFICATE	BOND	S-262717
--------------------------	------	----------

Principal:
 Matthew S Derany
 16 Avery St. Apt 2
 N Attleboro, MA 02760

Obligee:
 City of Somerville
 City Hall
 93 Highland Ave.
 Somerville MA 02143

Bond Term in Months: 12 **Effective Date:** 10/1/2010 **Expiration Date:** 10/1/2011
Penalty Amount: \$5,000 **Type of Bond:** Public Official-Individual
Classification: Constable

Remarks:

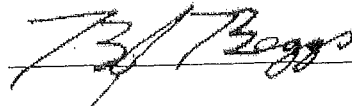
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

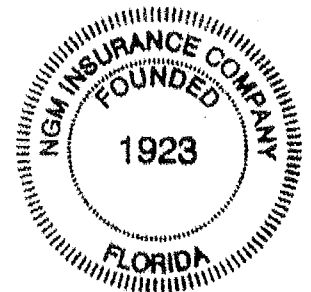
In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

NGM-INSURANCE COMPANY

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Agency Bill