



**DISTRICT OF COLUMBIA  
OFFICE OF ADMINISTRATIVE HEARINGS**  
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## Request to Appeal a Decision by the Metropolitan Police Department (MPD) Regarding a Security Officer Certification

*Use this form if you want a hearing before an Administrative Law Judge because you disagree with a MPD decision to **deny, suspend, or revoke a certification as a security officer. You must attach a copy of the MPD notice you are appealing.** NOTE: The Office of Administrative Hearings does **NOT** have jurisdiction (authority) to hear appeals concerning special police officer licenses under Title 6, Subtitle A, Chapter 11 of the D.C. Municipal Regulations (DCMR).*

### Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address ( <i>if any</i> ):	Your Ward ( <i>if you know</i> ):
<input type="checkbox"/> I consent to receive documents by email only	
<i>If you have a representative for this case:</i>	
<input type="checkbox"/> Non-Attorney Representative (as allowed by OAH Rule 2835) <input type="checkbox"/> Attorney	
Representative Name:	Representative Telephone:
Representative Email Address:	Representative Mailing Address:
<input type="checkbox"/> Consents to receive documents by email only	

### Section 2 – Why do you need a hearing?

I am appealing a (check one):     Denial     Revocation     Suspension

In the space below, briefly describe MPD’s reason for the denial, revocation, or suspension:

In the space below, give the reason(s) you disagree with MPD's decision and what you want the judge to do. Use an additional page if needed.

**Section 4 – Language Access**

Do you need OAH to provide an interpreter to help you participate in the hearing?

YES     NO

If YES, what language do you need? \_\_\_\_\_

**Section 5 – Reasonable Accommodation**

Do you need a reasonable accommodation to help you participate in the hearing?

YES     NO

If YES, please explain: \_\_\_\_\_

**Section 6 – Who Prepared the Hearing Request?**

Signature of the person who prepared the hearing request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

\_\_\_\_\_  
\_\_\_\_\_