



# Massachusetts POST Commission

84 State Street, Suite 200, Boston, MA 02109

## Voluntary Relinquishment of Certification Application Form

*Please review the attached Policy on Voluntary Relinquishment before completing this form.*

### SECTION 1: APPLICANT INFORMATION

- Full Name: KEVIN J. DORR
- Date of Birth: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### SECTION 2: CERTIFICATION DETAILS

- Certification Number (if known): DOR-R2022-452173
- Issuing Jurisdiction(s): HAVERHILL PD
- Date of Initial Certification: \_\_\_\_\_

### SECTION 3: LEGAL AND PROFESSIONAL HISTORY

Please disclose whether you have experienced any of the following in any jurisdiction. Attach additional pages as needed.

1. Have you ever been arrested?

☐ Yes ☒ No

◦ If yes, provide dates, charges, outcomes: \_\_\_\_\_

2. Have you ever been subject to any criminal prosecution?

☐ Yes ☒ No

◦ Details: \_\_\_\_\_

Have you been subject to a restraining order or court order that restricted your conduct or was based on your conduct?

☐ Yes ☒ No

○ Details: \_\_\_\_\_

3. Have you been involved in any civil or administrative agency actions related to:

○ Law enforcement service? ☐ Yes ☒ No

○ Alleged conduct involving:

▪ Unlawful bias? ☐ Yes ☒ No

▪ Civil rights violations? ☐ Yes ☒ No

▪ Violence, abuse, or excessive force? ☐ Yes ☒ No

▪ Prejudice to justice? ☐ Yes ☒ No

▪ Injury or death? ☐ Yes ☒ No

If yes to any, provide complete details, including allegations, actions taken, and compliance outcomes:

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#### SECTION 4: TERMS ACKNOWLEDGMENT

By signing this form, I acknowledge and agree that:

- I have read, understood, and agree to the terms of the Policy on Voluntary Relinquishment of Certification.
- I understand that upon relinquishment, I will be ineligible for appointment, employment, or engagement in any law enforcement capacity in Massachusetts.
- I understand that relinquishment is not the same as decertification and that the POSTC retains authority to take future action based on past conduct.

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#### SECTION 5: ATTESTATION

I hereby certify under the pains and penalties of perjury that all information provided in this application is true, complete, and accurate to the best of my knowledge.

Signature of Applicant: 

Date: 8-21-25

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**POST INTERNAL RELEASE/AUTHORIZATION**

DIVISION OF CERTIFICATION \_\_\_\_\_ DATE \_\_\_\_\_

DIVISION OF STANDARDS \_\_\_\_\_ DATE \_\_\_\_\_

LEGAL \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

COMMISSION AUTHORIZATION VOTE \_\_\_\_\_ DATE \_\_\_\_\_