



# Massachusetts POST Commission

84 State Street, Suite 200, Boston, MA 02109

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## Voluntary Relinquishment of Certification Application Form

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

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### SECTION 1: APPLICANT INFORMATION

- Full Name: DARREN MANGOTT
- Date of Birth: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

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### SECTION 2: CERTIFICATION DETAILS

- Certification Number (if known): \_\_\_\_\_
- Issuing Jurisdiction(s): EASTON Police
- Date of Initial Certification: \_\_\_\_\_

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### 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  
    o If yes, provide dates, charges, outcomes: \_\_\_\_\_
2. Have you ever been subject to any criminal prosecution?  
 Yes     No  
    o Details: \_\_\_\_\_

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

Yes  No

o Details: \_\_\_\_\_

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

o Law enforcement service?  Yes  No

o 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: 8/12/25

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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 \_\_\_\_\_