



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: John Landers
- Date of Birth: [REDACTED]
- Home Address: [REDACTED]
- Phone Number: [REDACTED]
- Email Address: [REDACTED]

SECTION 2: CERTIFICATION DETAILS

- Certification Number (if known): LAN-2023-9998-3833
- Issuing Jurisdiction(s): Northeastern University
- Date of Initial Certification: 2023

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: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

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:

N/A

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.

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: 9/26/2025

POST INTERNAL RELEASE/AUTHORIZATION

DIVISION OF CERTIFICATION _____ DATE _____

DIVISION OF STANDARDS _____ DATE _____

LEGAL _____ DATE _____

EXECUTIVE DIRECTOR _____ DATE _____

COMMISSION AUTHORIZATION VOTE _____ DATE _____