

VOLUNTARY RELINQUISHMENT OF CERTIFICATION

Applicant Information

Name Eric Wade

Date of Birth

[REDACTED]

Email

[REDACTED]

Phone

[REDACTED]

Address

[REDACTED]

Certification Information

Certification Number (if known) Wade-2024-9997-3099

Date of Initial Certification July 01, 2024

Issuing Jurisdiction(s) Canton Police Department

Legal and Professional History

1. Have you ever been arrested? YES

1a. If yes, please provide dates, allegations or charges, and outcomes. If no, you may enter "N/A".

[REDACTED]

2. Have you ever been subject to any criminal prosecution? NO

2a. If yes, please provide dates, allegations or charges, and outcomes. If no, you may enter "N/A".

3. Have you been subject to a restraining order or court order that restricted your conduct or was based on your conduct? NO

3a. If yes, please provide the dates the order was issued and lifted or expired, and details of the restraining order/court order. If no, you may enter "N/A".

4a. Have you been involved in any civil or administrative agency actions related to Law Enforcement service? NO

4b. Have you been involved in any civil or administrative agency actions related to alleged conduct involving:

- i. Unlawful bias? = NO
- ii. Civil rights violations? = NO
- iii. Violence, abuse, or excessive force? = NO
- iv. Prejudice to justice? = NO
- v. Injury or death? = NO

4c. If you responded "Yes" to 4a or any of 4b, provide details on allegations, actions taken, and compliance outcomes. If you responded "No" to all of 4a and 4b, you may enter "N/A". N/A

If you wish to provide additional information regarding any of the above responses, please use the space below. You may enter "N/A" if you do not have additional information relevant to your application. N/A

Reason for your application. (Optional) I am trying to renew my Massachusetts Private Investigators License.

Acknowledgment & Attestation

Description Area

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 POST retains authority to take future action based on past conduct. I further understand and agree that, for the duration of time that my application is pending before the Commission, if I learn of information that is responsive to any of the above questions, I must supplement my application within two (2) business days of learning the information by submitting an updated application and noting in the box above that I am supplementing a prior application.

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.



Today's Date

June 25, 2026

**INTERNAL USE ONLY -
Authorization**

Signature & Date

Division of Certification

Division of Standards

Legal

Executive Director

Commission Vote
