



APPLICATION FOR BASIC PEACE OFFICER CERTIFICATION

FORM

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Colorado Department of Law
Criminal Justice Section, POST Board
1300 Broadway 9th Floor
Denver, CO 80203
post@V6Uj ' [c j
720-508-6721 FAX 866-858-7486

July 2016

Last Name	First	Full Middle	
Home Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Aliases: _____			
E-mail: _____			
Home Telephone: _____	Cell Phone: _____		
Colorado Drivers License _____	Gender: M	F	
Date of Birth: _____	SSN: _____		

NOTE: All personal information provided to POST is confidential and will not be released to the public, pursuant to § 24-72-204, C.R.S.

1. I have successfully completed or will complete on _____ a POST approved basic training academy. *(Attach copy of academy certificate of completion.)*
2. I possess a high school diploma or its equivalent. *(Attach copy of diploma or certificate.)*
3. I possess current first aid and CPR certification. *(Attach copies showing front and back of each card.)*
4. My fingerprints were submitted on a POST fingerprint card to the Colorado Bureau of Investigation.
5. I have not been convicted of any felony or any misdemeanor as referenced in § 24-31-305(1.5), C.R.S.
6. I am not under investigation or pending investigation for any felony or any misdemeanor as referenced in § 24-31-305(1.5), C.R.S.
7. I have I have not been certified as a peace officer in another state(s). State(s): _____
8. I have I have not served in the U.S. Military and have not been released or discharged under dishonorable conditions. *(Attach copy of DD-214 Showing Character of Service.)*
9. I am a United States citizen or legal resident who is lawfully present in the United States pursuant to Federal Law and § 24-76.5-103, C.R.S.
10. I possess a valid Colorado driver's license or Identification card or a United States military card. *(Attach copy)*

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AFFIDAVIT AND ACCOMPANYING DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE STATEMENT, MISSTATEMENT, OR INACCURACY MAY RESULT IN REVOCATION OF MY CERTIFICATION, AS WELL AS CRIMINAL PROSECUTION.

Applicant's Signature Date: _____ - _____ - _____

Subscribed and sworn to before me this _____ day of _____, _____

My Commission Expires: _____ - _____ - _____

NOTARY PUBLIC