



PEACE OFFICER PHYSICAL/PSYCHOLOGICAL AFFIDAVIT

FORM
6

Colorado Department of Law
Criminal Justice Section, POST Board
1300 Broadway, 9th Floor
Denver, CO 80203
post@coag.gov
720-508-6721 FAX 866-858-7486

July 2016

Last Name First Full Middle

Email Address: _____

POST PID # _____

Date of Birth: _____

C.R.S. Authority for Appointment: § 16-2.5- _____

If you do not see a C.R.S. for your title, please enter it here: § 16-2.5- _____

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.

This appointed individual has undergone both a physical and psychological evaluation to determine such person's fitness to serve as a provisionally authorized peace officer, certified peace officer or a reserve peace officer. Such evaluations shall have been performed within one year prior to the date of appointment by a physician and either a psychologist or psychiatrist licensed by the state of Colorado per § 24-31-303(5)(b), C.R.S. **Please note that effective 1/31/16 Phys/Psych evaluations are required prior to any appointment in the State of Colorado. Any officer separating from one Colorado agency and appointed by another Colorado agency must complete a phys/psych evaluation, if one has not been conducted within the preceding three years and made available to the receiving agency.**

A physical/psychological exam was performed within three years and made available to this agency.
Law Enforcement Agency providing Physical/Psychological evaluation _____

Appointment

Certified Peace Officer

Agency Head

Reserve Peace Officer

Provisional Peace Officer Authority

Date of appointment: _____

Agency: _____

Contact Name (Print Name)

Contact Telephone #

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.

Date: _____