



APPLICATION FOR
**VIN INSPECTOR
TRAINING PROGRAM
APPROVAL**

FORM
9A

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

POST Approved Provider (Agency/Academy)

Address

Program Director's Name

Contact Person (if different)

E-mail: _____

E-mail: _____

Telephone: _____

Telephone: _____

Expected # of trainees: _____

Start Date: _____

End Date: _____

Training site and address, if different from above

I certify that I will comply with the requirements of POST Rules. I understand that failure to comply with any of the requirements set out in POST Rules may be cause for the POST Board to revoke approval of this program.

Program Director's Signature Date: _____

POST USE ONLY

Approved By: _____ Date: _____

Course Number: _____ Email/Letter Sent: _____ Added to Calendar: _____