



PEACE OFFICER PHYSICAL/PSYCHOLOGICAL AFFIDAVIT

FORM
6

January 2019

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

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- _____

- 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 Psychological/Physical exam is not required for this position, per statute (Rehire, transfer within department, etc.)
- A physical/psychological exam was performed within three years and made available to this agency.
Law Enforcement Agency providing Physical/Psychological evaluation _____

- Certified Peace Officer Agency Head
- Reserve Peace Officer
- Provisional Peace Officer Authority

Date of appointment (if applicable) as a certified officer: _____

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: _____