



APPLICATION FOR  
**ACADEMY INSTRUCTOR  
TRAINING PROGRAM  
APPROVAL**

FORM  
**8**

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

January 2019

**NOTE:** A separate Form 8 is required for each scheduled training class of the approved program

Application for (*check only one*):

- Instruction Methodology Program
- Handgun Instructor Program
- Law Enforcement Driving Instructor Program
- Arrest Control Instructor Program: Discipline \_\_\_\_\_

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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: \_\_\_\_\_

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Physical address(es) of the training site(s), if different from above \_\_\_\_\_

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**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.**

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Program Director's Signature*