



Department of Law
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 9th floor
Denver, CO 80203
(720) 508-6721
Fax: (866) 858-7486
Email: POST@coag.gov
www.coloradopost.gov



Thank you for your interest in the Renewal Certification Process. *Please read the following information carefully!*

You CANNOT begin working for an agency as an officer prior to receiving your POST Renewal letter.

The following documents are included in the Forms packet. You must send, by email (PREFERRED), fax, or US mail, the four following completed documents:

- Form 4 – Application (notarized)
- Skills Proficiency Exams Appeal Rights & Release of Liability
- Participant's Acknowledgement of the Firearms Test-out Procedure
- Colorado POST Exam Confidentiality Agreement

In addition, you must send copies of the following:

- Colorado Driver's License/ID card
- Current First Aid AND CPR card (front and back)

DO NOT SEND INCOMPLETE PACKETS. INCOMPLETE PACKETS WILL NOT BE ACCEPTED!

You may scan all documents as **PDFs** and send them to me by email (PREFERRED), fax, or US mail. Please do not send documents as jpegs.

- Verification & Authorization of Handgun Compliance
This form must be completed by the certified armorer who inspects the weapon you will be using at the firearms exam. A copy of the certified armorer's certificate for the make of the weapon used must accompany this form. Please submit both items to POST at least one week prior to the day of the test out.

You must order a POST fingerprint card using the Fingerprint Card order form. Please see the Renewal page on the POST website for a link to the order form. Instructions will be included with the fingerprint card. Once completed, please send the fingerprint card to CBI. **DO NOT SEND FINGERPRINT CARD TO POST.** Remember to enclose your certified check/money order for **\$39.50 payable to CBI.**

Once your paperwork is complete you must successfully pass the three Skills tests and the POST written exam at a one-day test out. Your certification will be

reinstated at that time. To enroll in the test out, please email certification@coag.gov with your preferred date. Alternately, you may attend and successfully complete the [Refresher academy](#). Your certification is good for three years. You will be required to complete mandated courses. We will provide further information when your certification is reinstated. You may also view the [Mandated Training](#) page under the Training tab available on our website.

You **CANNOT** begin working for an agency as an officer prior to receiving your POST renewal letter. If you have any question regarding the process, please email or call POST.

certification@coag.gov

Tamra Arp, Compliance Coordinator

720-508-6741

866-858-7486 fax

www.coloradopost.gov



Application For
Renewal of
Basic Certification

FORM

4

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

July 2017

Last Name First Full Middle

Home Address City State Zip

Mailing Address (if different from above) City State Zip

Aliases

Home phone: Cell phone:

Date of Birth: Gender: M F

Colorado PID# (000000 or 0000-0000)

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. My most recent Colorado law enforcement employment: Agency From: To:
2. I possess current first aid and CPR certification.
3. My fingerprints have been submitted on a POST fingerprint card to the Colorado Bureau of Investigation.
4. I have not been convicted of any felony or any misdemeanor referenced in § 24-31-305(1.5), C.R.S.
5. I am not under investigation or pending investigation for any felony or any misdemeanor referenced in § 24-31-305(1.5), C.R.S.
6. I have I have not served in the U.S. Military and have not been released or discharged under dishonorable conditions.
7. 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.
8. I possess a valid Colorado driver's license or Colorado identification card.

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



Department of Law
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 9th floor
Denver, CO 80203
(720) 508-6721
Fax: (866) 858-7486
Email: POST@WU1cj
www.coloradoattorneygeneral.gov



SKILLS PROFICIENCY EXAMS APPEAL RIGHTS AND RELEASE OF LIABILITY

I acknowledge:

1. The range of difficulty in the demonstration of such skills proficiencies includes multiple degrees of physical exertion
2. Skills exams are for testing, not training
3. The exams are based on the Colorado POST Skills Proficiency Manual
4. The examination process is an open environment
5. Proficiency will be closely evaluated

As a participant in this testing process, the following Appeal Rights apply:

1. Per Board Rule 16(d): Any protest or challenge to an examination or its administration must be made in writing within ten (10) days of the examination. The Director shall issue his decision in writing within twenty (20) working days.
2. The decision of the Director shall be final, unless appealed to the Board in accordance with Rule 3(b).

Liability Release

In consideration of the opportunity to test out of the skills training requirements as set forth in Colorado POST rules, the undersigned releases and discharges: the State of Colorado, the Department of Law and the Colorado Attorney General; the Colorado POST Board, Staff and each of its members including, but not limited to, SME Skills Committee Members and Evaluators; and all current and former employees and agents of the above-named entities from any and all claims, whether in an individual or official capacity, for any injury, damage, liabilities, expenses, loss of service, or other damage that the undersigned may suffer as a result of the undersigned's participation in the skills proficiency test-out process. The undersigned further agrees not to sue, appeal, challenge or otherwise seek damages or injunctive relief from any of the above named entities or persons in any court of law or administrative forum.

Signature

Date

Printed Legal Name



PARTICIPANT'S ACKNOWLEDGMENT OF THE FIREARMS TEST-OUT PROCEDURES

I, _____, fully understand and will comply with the following firearms test-out rules:

- 1) I must successfully pass the entire Block #1 of Safety, Maintenance, and Weapons Management before proceeding to Block #2. If I fail Block #1, I will not be allowed to continue and must re-schedule the test-out on another date.
- 2) I will be permitted three (3) formal attempts at a skills test out to successfully pass Block #2 (Handgun Qualification Course). Should I fail all three formal attempts, I will be required to attend the entire firearms' portion of either a POST Basic Academic Training Program or a Reserve Academic Training Program.
- 3) If I choose not to continue with a second or third qualification attempt during Block #2, I can stop, get additional practice, and retest the 2nd or 3rd attempt at another skills test or location. **I realize I will have to pay additional skills test out fee if I take a time-out and must contact Tom Mullen to set up the last attempts..**
- 4) If during any stage of qualification, I incur an unanticipated malfunction, I may be given an "alibi" provided that – in the opinion of the SME member overseeing the qualification – I made an immediate effort to properly clear the malfunction but was unable to safely do so within the prescribed time limit. The stage may be re-shot at the discretion of the SME member.
- 5) I must test with a semi-automatic pistol which has been inspected for serviceability and safety by a currently certified armorer. I will have a minimum of 75 rounds of new factory loaded ammunition in my possession.
- 6) I MUST ADHERE TO THE 4 FIREARMS SAFETY RULES WHILE DEMONSTRATING, DESCRIBING, OR IN ATTENDANCE AT THE ENTIRE FIREARMS TESTING. ANY VIOLATION OF THESE 4 RULES WILL RESULT IN IMMEDIATE FAILURE OF THE TESTING AND REQUIRE REMOVAL FROM THE TESTING AREA.

Signed: _____ Date: _____



Department of Law
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 9th floor
Denver, CO 80203
(720) 508-6721
Fax: (866) 858-7486
Email: POST@state.co.us
www.coloradoattorneygeneral.gov



Colorado POST "Skills Testing" Letter for VERIFICATION AND AUTHORIZATION OF HANDGUN COMPLIANCE

Date: _____ Firearms Test Applicant Name: _____

TO WHOM IT MAY CONCERN:

I, _____, being a factory-certified armorer **OR**
(PLEASE PRINT FULL NAME)
possessing a gunsmith training certificate, verify the following handgun to be within
minimum factory specifications and is in a safe working condition:

MAKE OF HANDGUN: _____

MODEL OF HANDGUN: _____

CALIBER OF HANDGUN: _____

SERIAL NUMBER OF HANDGUN: _____

REGISTERED OWNER: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I have inspected, disassembled, reassembled, and tested this weapon and I verify it
is safe to operate and meets minimum factory specifications and factory installed safety
components.

Signed: _____

I have attached a photocopy of my factory armorer certification **OR** a photocopy of a
diploma from a gunsmith training program.

CYNTHIA H. COFFMAN
Attorney General
DAVID C. BLAKE
Chief Deputy Attorney General
MELANIE J. SNYDER
Chief of Staff
FREDERICK R. YARGER
Solicitor General



**STATE OF COLORADO
DEPARTMENT OF LAW**

RALPH L. CARR
COLORADO JUDICIAL CENTER
1300 Broadway, 9th Floor
Denver, Colorado 80203
Phone (720) 508-6000
**Peace Officer Standards
and Training**

**CONFIDENTIALITY AGREEMENT
Colorado POST Certification Exam**

As a candidate to become a Colorado POST-certified peace officer, I agree to the following terms and conditions of this Confidentiality Agreement concerning my participation in the certification exam:

1. I understand the contents of this exam contain secure and confidential material and must remain so indefinitely.
2. I will not discuss any part of this certification exam, as described below in #3, with any person, including but not limited to:
 - any current, former or future members of any police agency, within or outside of Colorado, including those at the academy or college which I attended;
 - any candidates having already participated in the process or candidates waiting to participate;
 - any other individual inside, or outside, of the law enforcement community;
 - any members of city or county government;
 - any members of the press;
 - any agents of test preparation firms; or
 - any other person who has the potential to communicate this secure information to any other person.
3. The certification exam information to be held secure and confidential includes, but is not limited to, the following:
 - the specific exercise instructions, requirements or content;
 - the test questions and possible answers;
 - any secure and confidential specifics regarding how the assessment will be administered;
 - the specific rating criteria and rating dimensions utilized in this assessment process;
 - the specific sections of the source material from where written examination items were drawn.

_____ Initials

READ AND SIGN OTHER SIDE!

4. I will not use any part or portion of the above-described certification exam for my own personal or professional purposes.
5. I will not discuss or share with any person, group or department any conclusions I or others draw from participating in this Colorado POST certification exam, if discussing or sharing those conclusions would reveal any confidential information.
6. I understand that upon a violation, or suspected violation, of this Confidentiality Agreement, Colorado POST and my future agency, if I am so employed, will be notified and possible legal action taken against me.

By signing and dating this Confidentiality Agreement in the spaces below, I certify I have read and understand this agreement in its entirety, and I agree to be bound by its terms.

Name (print): _____

Signature: _____

Date: _____