



APPLICATION FOR RESERVE CERTIFICATION

FORM
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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

Address City State Zip

Aliases

Email:

Home Telephone: Cell:

Colorado Drivers License SSN:

Date of Birth: Gender: M F

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. I have successfully completed a POST approved training program. *(Attach copy of academy certificate of completion.)*
 Full Basic Academy Reserve Academy
2. I also successfully completed the POST approved training in the following skill areas. *(Attach copies of skills training certificates.)*
 Arrest Control (required) Firearms (required) Driving (optional)
3. I possess a high school diploma or its equivalent. *(Attach copy of diploma or certificate.)*
4. I possess current first aid and cardiopulmonary resuscitation certification *(Attach copy showing front and back of each card.)*
5. I have submitted my fingerprints on a POST fingerprint card to the Colorado Bureau of Investigation.
6. I have not been convicted of any felony or any misdemeanor as referenced in § 24-31-305(1.5), C.R.S.
7. I am not under investigation or pending investigation for any felony or any misdemeanor as referenced in § 24-31-305(1.5), C.R.S.
8. I have have not served in the U.S. Military and have not been released or discharged under dishonorable conditions. *(Attach copy of DD-214 Showing Character of Service.)*
9. I am a United States citizen or legal resident and I am lawfully present in the United States pursuant to Federal Law and § 24-76.5-103, C.R.S., (2007).
10. I possess a valid Colorado driver's license or identification card or a United States military card. *(Attach copy)*

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