



APPLICATION FOR PROVISIONAL CERTIFICATION

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Colorado Department of Law
Criminal Justice Section, POST Board
1300 Broadway 9th Floor
Denver, CO 80203
post@WtU [] cj
720-508-6721 FAX 866-858-7486

July 2016

Last Name First Full Middle

Home Address City State Zip

Mailing Address (if different from above) City State Zip

Aliases: _____ Cell Phone: _____

Email: _____

Home Telephone: _____ SSN: _____

Date of Birth: _____ Sex: 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 am eligible for provisional certification in Colorado on the basis of my being **fully** certified in another state and having worked at least one year in the past three years.
2. My law enforcement appointments within the past three years are as follows:

Agency	City	State
From: _____	To: _____	
Agency	City	State
From: _____	To: _____	
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 copies 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. (2005).
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. (2005).
8. I have _____ have not served in the United States military and have 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.

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