



Application For Renewal of Basic 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

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 Basic Certificate or PID# _____

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. *(Attach copy of front and back of each card.)*

3. My fingerprints have been submitted on a POST fingerprint card to the Colorado Bureau of Investigation. *(Fingerprints must be current within one year of certification.)*

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. *(Attach copy of DD-214 Showing Character of Service.)*

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 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