



APPLICATION FOR ACADEMY INSTRUCTOR TRAINING PROGRAM APPROVAL

FORM
8

Colorado Department of Law
Criminal Justice Section, POST Board
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Denver CO 80203
post@coag.gov
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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 _____

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: _____

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

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