



APPLICATION FOR VIN INSPECTOR CERTIFICATION

FORM
9

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

Email Address: _____ Aliases: _____

Home Telephone: _____ Gender: M F

Date of Birth: _____

If certified officer:

POST PID # _____ (000000 OR 0000-0000)
(not certificate number)

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.

- The above applicant has successfully completed a POST approved Vehicle Identification Number Inspector Program. *(Attach copy of certificate of completion.)*
- I have attached a certified check or money order, made payable to *Colorado POST* in the amount of \$25.00.
- The above applicant is currently appointed by (law enforcement agency): _____

Street City State Zip

Signature of Agency Head or Designee Date: _____

Print Name _____