

Attestation of Policy

Colorado Department of Law -POST 1300 Broadway 9th Floor **Denver, CO 80203** post@coag.gov 720-508-6721 FAX 866-858-7486

September 2023

POST RULE

This form is to be completed by the 10. sponsoring/employing agency and submitted with certification application documents.

11, 12, 13

POST is committed to following all federal and state laws governing the certification of peace officer applicants, for both U.S. citizens and non-citizens alike.

Under federal law, an individual is prohibited from possession a firearm if they are unlawfully present in the United States or are present on a non-immigrant visa. However, the individual may qualify for an exception under 18 U.S.C. § 925(a)(1) if they are currently employed by a law enforcement agency and that agency's policy authorizes them to carry a firearm for the purposes of academy training.

Agency Name

Name of Agency Executive Submitting Form

Agency Executive Phone Number

Agency Executive Email Address

Applicant – Last	Name
------------------	------

First Name

Middle Name

Academy Name (if applicable) Colorado PID # (if known)

I certify that:

- 1. \Box The applicant is employed by this agency.
- 2. \Box The applicant is legally permitted to work in the United States and will provide evidence of their employment authorization to POST.
- 3. \Box This agency has a written policy permitting the applicant to possess a firearm for the purposes of academy training.

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.

		Date:	-	-	
Agency Executive's Signature					
Subscribed and sworn to before me this	day of			,	

My Commission Expires: _____-___

NOTARY PUBLIC