FORM

3

PROVISIONAL CERTIFICATION



July 2019

Last Name	ſ	First	Full Middle	
Home Address	City	State	Zip	
Mailing Address (if different from above)	City	State	Zip	
Other Names:		Email:		
Cell Phone:		Alternate Phone:		
SSN:		Date of Birth:		
Gender: M F Other	Driver's License		DL State	
1.	officer in another state a	nd have worked at least one	year in the past three years.	
2.	ointments within the pas	st three years are as follows:		
Agency Specific Dates: From:	(City To:	State	
Agency Specific Dates: From:	(City To:	State	
<u> </u>		-	college transcripts. (Attach verificati	ion)
_			pies showing front and back of each	cara.)
5. I have submitted my fingerprints I have submitted form 11F.	to the Colorado Bureau	of Investigation. (Fingerprint	's must be current within one year.)	
6.	an adult pretrial divers	ion, deferred judgement/sen	tencing or deferred prosecution,	
7.				
8.		=	•	
9. I am a United States citizen I am not a United States citizer	n, but am legally permit	ted to work in the U.S. (Atta	ch verification)	
UNDER PENALTIES OF PERJURY, I DECLAR BEST OF MY KNOWLEDGE AND BELIEF, TH STATEMENT, MISSTATEMENT, OR INACCU	RE THAT I HAVE EXAMIN IEY ARE TRUE, CORREC	ED THIS AFFIDAVIT AND ACC T, AND COMPLETE. I FURTHI	COMPANYING DOCUMENTS, AND TO ER ACKNOWLEDGE THAT ANY FALS	Ε
Applicant's Signature		State of		
Signed before me on	20	·		
	,		(nan	ne)
My Commission Expires:	<u></u>	NOTARY PUBLIC		



TO:

Department of Law Ralph L. Carr Colorado Judicial Center 1300 Broadway, 9th floor Denver, CO 80203 (720) 508-6721 Fax: (866) 858-7486



Email: POST@coag.gov or certfication@coag.gov https://coloradopost.gov/

AUTHORITY FOR RELEASE OF INFORMATION

COLORADO DEPARTMENT OF LAW

CRIMINAL JUSTICE SECTION 1300 BROADWAY, 9 TH FLOOF DENVER CO 80203	
to my employment, military, education achievement, attendance, athletic, per medical records, professional records	hereby authorize the bearer of this release form, or te, to obtain any information in your files pertaining nal records (including but not limited to academic, resonal history, grievance and disciplinary records), (including grievances), and law enforcement records ord of charge, prosecution or conviction for criminal or
employees, or related personnel, both liability for damages of whatever kind	of such records and any entity including its officers, individually and collectively, from any and all l, which may at any time result to me, my heirs, ance with this authorization and request to release with it.
Full Name(Printed)	(Signature)
Birth Name/Aliases	
Date of Birth	Social Security Number
Date of Request	
State of	County of
Signed before me this day of	,
by	(name)
WITNESS my hand and official seal.	
	NOTARY PUBLIC
	My commission expires: