



APPLICATION FOR VARIANCE OF POST RULE

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

February 2022

POST RULE
7

Last Name First Full Middle

Email Address: _____

POST PID # _____

Law Enforcement Agency: _____

Contact Name (Print Name) Contact Telephone #

Type of Variance Request:

- Extension of Certification (must be filed PRIOR to expiration)
Must submit with form as one PDF: Letter of explanation to the Director of POST, current resume, and any other Relevant documentation.
- Waiver of Eligibility Requirement(s)
Must submit with form as one PDF: Letter of explanation to the Director of POST, current resume, and any other relevant documentation.
- Criminal History
Must submit with form as one PDF: Letter of explanation to the Director of POST, offense/police report, certified court record(s), a minimum of three (3) letters of recommendation from prominent people in the law enforcement field and any other relevant documentation.
- Removal from Statutory Database
Must submit with form as one PDF: Letter of explanation to the Director of POST, declination letter or verification of exoneration, and any other relevant documentation.
- Other _____
(Please specify)
Must submit with form as one PDF: Contact POST for details. Letter of explanation to the Director of POST and any other relevant documentation.

ALL VARIANCE REQUESTS ARE CONSIDERED INDIVIDUALLY

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: _____