



Application For
BASIC PEACE OFFICER
CERTIFICATION UPDATE

FORM
1A
POST RULE
10

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

November 2022

PLEASE REFER TO POST RULE 10

Form fields: Last Name, First, Full Middle, Home Address, City, State, Zip, Other Names, E-mail, Cell Phone, Colorado PID # (if known), Gender (M, F, Other), Driver's License Number/State, SSN, Date of Birth

- 1. I am/have been fully certified as a Peace Officer in the State of Colorado. (If you check this box, do not answer any additional questions.)
I have attended a POST approved basic training academy and am retaking a full academy program skills/curriculum program (please specify: ). (If this applies to you, please answer all questions below)
2. My fingerprints and other enrollment documents were submitted by (academy/class name).
3. I have I have not been convicted of any felony or any misdemeanor as referenced in 24-31-305(1.5) C.R.S. since my enrolment in the previous academy.
4. I have I have not entered into an adult pretrial diversion, deferred judgement/sentencing or deferred prosecution, pending or complete, for any above referenced offense(s) since the previous enrollment, even if the case was sealed or expunged.
5. I have received a variance from POST if I answered in an affirmative manner to #3 or #4. (If applicable submit a copy.)
6. I am not under investigation or pending an investigation for any felony or any misdemeanor, as referenced in § 24-31-305(1.5), C.R.S.
7. I have provided POST with valid documents or certifications as necessary or will provide them prior to taking the POST examination (Submit clear copies).

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.

Applicant's Signature, State of, County of, Signed before me this day of, My Commission Expires: - - , NOTARY PUBLIC