



APPLICATION FOR RESERVE CERTIFICATION

FORM

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

October 2020

POST RULE

PLEASE REFER TO POST RULE 12

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Last Name	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 _____		
Colorado Driver's License _____	Gender M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>		

- I have, or will, successfully complete a POST approved law enforcement training program on (date)_____. **(submit copy of certificate upon completion)**
 Full Basic Academy Reserve Academy
- I have, or will, successfully complete POST approved training in the following skill areas on (date)_____. **(Submit copies of skills training certificates upon completion.)**
 Arrest Control Tactics (required) Firearms (required) Driving (optional)
- I possess a high school diploma, equivalent, or evidence of HS completion, including official college transcript(s) or degree. **(Submit verification of completion.)**
- I possess current first aid and cardiopulmonary resuscitation certification or equivalents. **(Submit a copy showing front and back of each card.) *TCCC is equivalent to First Aid***
- I have submitted a signed Form 11E.
- I have I have not been convicted of any felony or any misdemeanor as referenced in § 24-31-305(1.5) C.R.S.
- I have I have not entered into an adult pretrial diversion, deferred judgement/sentencing or deferred prosecution, pending or complete, for any above referenced offenses after July 1, 2001, even if the case was sealed or expunged.
- I have received a variance from POST if I answered in an affirmative manner to #6 or #7. **(If applicable, submit a copy)**
- I am not under investigation or pending investigation for any felony or any misdemeanor as referenced in § 24-31-305(1.5), C.R.S.
- I have I have not served in the U.S. Military and have not been released or discharged under dishonorable conditions. **(Submit a copy of official discharge documents showing Character of Service.)**
- I am a United States citizen.
- I am not a United States citizen, but I am a legally permitted to work in the U.S. **(Submit verification)**
- I possess a valid Colorado driver's license or Colorado identification card. **(Submit a clear copy)**

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 on _____, 20____ by _____(Name)

My Commission Expires: ____ -- ____ --

NOTARY PUBLIC