



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

12

PLEASE REFER TO POST RULE 12

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 Number _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
		<input type="checkbox"/> Other	

- I have, or will, successfully complete a POST approved law enforcement training program.
 Full Basic Academy Reserve Academy
- I have successfully completed POST approved training in the following skill areas. **(Submit copies of skills training certificates.)**
 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