



APPLICATION FOR RESERVE CERTIFICATION

January 2019

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

Form fields for personal information: Last Name, First, Full Middle, Home Address, City, State, Zip, Mailing Address, Other Names, Email, Cell Phone, Alternate Phone, SSN, Date of Birth, Colorado Driver's License, Gender (M, F, Other).

- 1. I have successfully completed a POST approved training program.
2. I also successfully completed the POST approved training in the following skill areas.
3. I possess a high school diploma, equivalent, or evidence of HS completion.
4. I possess current first aid and cardiopulmonary resuscitation certification.
5. My fingerprints were submitted to the Colorado Bureau of Investigation.
6. I have not been convicted of any felony or any misdemeanor as referenced in § 24-31-305(1.5) C.R.S.
7. 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.
8. I have not served in the U.S. Military and have not been released or discharged under dishonorable conditions.
9. I am a United States citizen.
10. I possess a valid Colorado driver's license or Colorado identification card.

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