

PROVISIONAL CERTIFICATION

FORM

3

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

January 2024

POST RULE

PLEASE REFER TO POST RULE 11

11

| Last Na | me | First | | Full Middle | | |
|--|--|--------------------------|--------------------------|----------------------------|--|--|
| Home A | Address | City | State | Zip | | |
| I live on | the Colorado Western Slope \square Y \square N | | | | | |
| Mailing | Address (if different from above) | City | State | Zip | | |
| Other N | lames: | | Email: | | | |
| Cell Phone: | | Alternat | Alternate Phone: | | | |
| SSN: | | Date of | Birth: | | | |
| Gender | : M F Non-binary Not-specified | Driver's License# | | DL State | | |
| I have been <u>fully</u> certified as a peace officer <u>within the preceding three years</u> and have served as a certified law enforcement officer in a full or part-time status <u>in good standing</u> in such jurisdiction for <u>more than one year</u>. Submit verification for review. *Armed forces <u>does not qualify</u>* Other Federal agencies must be reviewed individually. I am in a Basic Academy and have been certified in another state. Entire certified law enforcement service is as follows: Submit additional documentation if needed, such as a current result. | | | | | | |
| Ā | gency | City | | State | | |
| Sp | pecific Dates: From: | | To: | | | |
| Ā | gency | City | | State | | |
| Sp | pecific Dates: From: | | To: | | | |
| 3. | I possess a high school diploma, equivalent or evidence of HS completion, including college transcript(s) or degree. (Submit verification.) | | | | | |
| 4. | I possess current first aid <u>and</u> cardiopulmonary resuscitation certification or equivalents. (Submit copies showing front and back of each card.) | | | | | |
| 5. | I have submitted my fingerprints to the Colorado Bureau of Investigation on (date). <i>Must be done prior to enrollment into a Refresher Academy (if applicable).</i> I have submitted form 11F. | | | | | |
| 6. | I have I have not been convicted of any felony or any misdemeanor as referenced in § 24-31-305(1.5) C.R.S. | | | | | |
| 7. | 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 is sealed or expunged. | | | | | |
| 8. | I have received a variance from POST if copy.) | l answered in an affir | mative manner to #6 or # | 7. (If applicable submit a | | |
| 9. | I am <i>not</i> under investigation or pending in § 24-31-305(1.5), C.R.S. (2005). | vestigation for any felo | ony or any misdemeanor a | s referenced in | | |

| | am currently serving in the U.S. Military in an active or reserve status; nd have not been released or discharged under dishonorable condition cuments showing Character of Service.) | ns. | | | | |
|--|--|-----|--|--|--|--|
| permanent resident but am legally authorize | I permanent resident; I am not a United States citizen or legal zed to work in the United States and can provide the necessary mentation. (If non-U.Scitizen, submit verification; agency | | | | | |
| 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. | | | | | | |
| | State of | | | | | |
| Applicant's Signature | County of | | | | | |
| Signed before me on, 20 | by(name) | | | | | |
| My Commission Expires: | | | | | | |



TO:

Department of Law Ralph L. Carr Colorado Judicial Center 1300 Broadway, 9th floor Denver, CO 80203 (720) 508-6721 Fax: (866) 858-7486

* Vare *

Email: POST@state.co.us www.coloradoattorneygeneral.gov

AUTHORITY FOR RELEASE OF INFORMATION

COLORADO DEPARTMENT OF LAW

| CRIMINAL JUSTICE SECTION, 1300 BROADWAY, 9 TH FLOOR | , COLORADO POST | | | |
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| | | | | |
| I hereby release you as the custodian of a employees, or related personnel, both incliability for damages of whatever kind, we family or associates because of compliance information, or any attempt to comply we | dividually and collectively, from a which may at any time result to n ce with this authorization and re | any and all ne, my heirs, | | |
| Full Name(Printed) | (Signature) | | | |
| Birth Name/Aliases | | | | |
| Date of Birth So | ocial Security Number | | | |
| Date of Request | | | | |
| SUBSCRIBED AND SWORN to before n | ne this day of | , _20, | | |
| by | | (name) | | |
| WITNESS my hand and official seal. | NOTARY PUBLIC | | | |
| | My commission expires: | | | |