APPLICATION FOR
ACADEMY APPROVAL

FORM
7

POST RULE
21

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

October 2020

NOTE: A separate form 7 is required for each scheduled training class of the approved academy.

Application for *(check only one)*

- ☐ Basic Training Academy
- ☐ Reserve Training Academy
  - Is Law Enforcement Driving included? ☐ Yes ☐ No
- ☐ Refresher Academy
- ☐ Skills Only Training Academy

Academy Name _____ Academy Class # or Title (if any) _____

Address _____

Academy Director's Name _____ Contact Name (if different) _____

E-mail: _____ E-mail: _____

Telephone: _____ Telephone: _____

Expected # of trainees: _____ Date(s) trainees fingerprinted: _____

Start Date: _____ End Date: _____

The arrest control discipline for this academy is: _____

I certify that I will comply with the requirements of the POST Rules. I understand that failure to comply with any of the requirements set out in the POST Rules may be cause for the POST Board to revoke approval of this academy.

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

_____ Date: _____

Academy Director's Signature