



# APPLICATION FOR ACADEMY APPROVAL

FORM  
**7**

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

POST RULE  
**21**

**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

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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: \_\_\_\_\_

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**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.

\_\_\_\_\_  
Academy Director's Signature

Date: \_\_\_\_\_