



APPLICATION FOR ACADEMY APPROVAL

FORM
7

Colorado Department of Law
Criminal Justice Section, POST Board
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Denver CO 80203
post@coag.gov
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October 2020

POST RULE
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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

Graduation Date: _____

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.

Academy Director's Signature

Date: _____