



# FULL SKILLS INSTRUCTOR APPLICATION

January 2023

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

PLEASE REFER TO POST RULE 23

## RULE 23

Applicant Name: \_\_\_\_\_  
Last First

Rank Agency and Academy Affiliation

### Complete information below:

Skill:  Arrest Control (Discipline: \_\_\_\_\_)  Driving  Firearms

Required Qualifications (*copies of certificates/verification of hours must be submitted with application; please refer to Rule 23 for further*):

Skills Instructor Program Date Completed: \_\_\_\_\_

Instructor Methodology Program Date Completed: \_\_\_\_\_

Total number of Assistant Skill Instructor Hours (*verified by academy director*): \_\_\_\_\_

**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.**

\_\_\_\_\_  
Name and Title of Submitter Date: \_\_\_\_\_

\_\_\_\_\_  
Agency and Academy

*Do not write below this line*

To be completed by POST Staff:

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

Date of Vote: \_\_\_\_\_

Approved

Denied



# Skills Instructor Training

## Log

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**RULE  
23**

Instructor Name: \_\_\_\_\_

Skill: \_\_\_\_\_

HOURS:	DATE:	CLASS:

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Name of Academy: \_\_\_\_\_

Academy Director Name/Signature: \_\_\_\_\_

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