



APPLICATION FOR
BASIC CERTIFICATION

Effective 2012

FORM

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Department of Law
1525 Sherman Street
Denver, CO 80203
303-866-5692

Last Name First Full Middle

Home Address City State Zip

Mailing Address (if different from above) City State Zip

Aliases: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Colorado Drivers License \_\_\_\_\_ Gender: [ ] M [ ] F

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

NOTE: Addresses, telephone number and social security number are confidential and will not be released to the public, pursuant to § 24-72-204, C.R.S.

- 1. [ ] Has successfully completed one year of service in good standing as a peace officer with the \_\_\_\_\_ Agency. Please refer to § 24-31-305(1)(c), C.R.S.
2. [ ] Was appointed as a Conditional Peace Officer in accordance with § 24-31-305(1)(c), C.R.S., beginning on \_\_\_\_\_ Date.
3. [ ] Possesses current first aid and cardiopulmonary resuscitation certification.
4. [ ] Has not been convicted of any felony or any misdemeanor as referenced in § 24-31-305(1.5), C.R.S.
5. [ ] Is not under investigation or pending investigation for any felony or any misdemeanor as referenced in § 24-31-305(1.5), C.R.S.
6. [ ] Has not [ ] Has been certified as a peace officer in another state(s). State(s): \_\_\_\_\_
7. [ ] Has not [ ] Has served in the U.S. Military and have not been released or discharged under dishonorable conditions.
8. [ ] Is a United States citizen or legal permanent resident and is lawfully present in the United States pursuant to Federal Law and § 24-76.5-103, C.R.S.

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 THE INDIVIDUALS CERTIFICATION, AS WELL AS CRIMINAL PROSECUTION.

Signature of Agency Head or Designee Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ NOTARY PUBLIC