ENROLLMENT ADVISORY FORM

(aka Academy Enrollment Advisory)

Effective 2012

FORM

11E

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

NOTE: This form shall be completed on the first day of the academy and maintained at the academy.

(PRINT) Trainee's Last Name First Name Full Middle Name

Academy Name

Start _____ End_____ _____

Dates of the Academy (PRINT) Name of Academy Director

PART I – TRAINEE STATEMENT

Initials

_____ Pursuant to § 24-31-304, C.R.S., all persons seeking to enroll in a training academy shall submit their fingerprints to the training academy *prior* to enrolling in the academy.

_____ A training academy shall not enroll any person who has been convicted of an offense that would result in the denial of certification pursuant to § 24-31-305(1.5), C.R.S. or released or discharged from the Armed Forces of the United States under Dishonorable conditions. The only exception shall be if the Board has granted the person an exemption from denial of enrollment.

_____ It is unlawful for any person to possess a firearm who has been convicted in any court of a crime of domestic violence OR is subject to a court order that restrains such person from harassing, stalking, or threatening an intimate partner OR is subject to a court order that prohibits such person from possessing a firearm.

_____ Successful completion of the training academy does not guarantee that the trainee will either receive P.O.S.T. certification or be appointed as a peace officer.

_____ **I CERTIFY THAT I HAVE READ THE ABOVE STATEMENTS AND THAT THESE LAWS AND CONDITIONS HAVE BEEN EXPLAINED TO ME. I HAVE INITIALED EACH ONE, AND BY SIGNING BELOW, INDICATE THAT I AM FULLY AWARE OF EACH ONE.**

Signature of Trainee Date

PART II – ACADEMY DIRECTOR STATEMENT

The above-referenced academy has ensured that the trainee's fingerprints have been submitted to CBI *prior* to the enrollment date of the academy. The academy has made every effort to comply with the requirements of P.O.S.T. Rule 14 and § 24-31-304, C.R.S.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AFFIDAVIT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS 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 Academy Director Date

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