



APPLICATION FOR VIN INSPECTOR CERTIFICATION

FORM

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

Effective 2012

Last Name First Full Middle

Home Address City State Zip

Mailing Address (if different from above) City State Zip

Aliases: _____

Home Telephone: _____ Gender: M F

Date of Birth: _____ SSN: _____

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

If certified officer:

P.O.S.T. PID # _____

Colorado Basic or Reserve Certificate No. _____

- The above applicant has successfully completed a P.O.S.T. approved Vehicle Identification Number Inspector Program. *(Attach copy of certificate of completion.)*
- I have attached a certified check or money order, made payable to *Colorado P.O.S.T.* in the amount of \$25.00.
- The above applicant is currently appointed by (law enforcement agency): _____

Street City State Zip

Signature of Agency Head or Designee Date: _____ - _____ - _____

Print Name _____