



APPLICATION FOR VIN INSPECTOR CERTIFICATION

January 2020

FORM

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

Check One:

Initial Certification

Renewal of Certification

Last Name First Full Middle

Home Address City State Zip

Mailing Address (if different from above) City State Zip

Email Address: _____

Cell Phone: _____ Alternate Phone: _____

Date of Birth: _____ Gender: M F Other

POST PID # _____ (If no PID# or PID# is unknown, contact POST)

- The above applicant has successfully completed a POST approved VIN Inspector Certification or Renewal Program.
(For Initial Certification, submit a copy of the course completion certificate with application.)
- The above applicant is currently employed by (law enforcement agency) and is authorized to conduct Certified VIN Inspections on behalf of said law enforcement agency in accordance with §42-5-206, C.R.S.

Law Enforcement Agency Name

Address City State Zip

Signature of Agency Head or Designee Date: _____

Print Name and Title

*(Submit signed and completed form along with any required attachments to: **post@coag.gov**)*