



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

# APPLICATION FOR VIN INSPECTOR CERTIFICATION

January 2020

FORM

9

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)

1. ☐ 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.)
2. ☐ 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**)