



# APPLICATION FOR VIN INSPECTOR CERTIFICATION

January 2020

FORM

# 9

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**)