



# APPLICATION FOR VIN INSPECTOR CERTIFICATION

January 2019

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

\_\_\_\_\_  
Last Name First Full Middle

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Mailing Address (if different from above) City State Zip

Email Address: \_\_\_\_\_ Other Names: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F  Other

**If certified officer:** POST PID # \_\_\_\_\_ (000000 OR 0000-0000)

- The above applicant has successfully completed a POST approved Vehicle Identification Number Inspector Program. *(Attach copy of certificate of completion.)*
- The above applicant is currently appointed by (law enforcement agency):

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
*Signature of Agency Head or Designee* Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title