



## Recertification of Retired Police Officer

**IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed.**

### Member Information

Member Name:	Member ID:	
Reemploying Employer:	Employer Code:	
Was the member previously approved for reemployment pursuant to KRS 70.291 - 70.293 or KRS 164.950 - 164.980? <input type="radio"/> Yes <input type="radio"/> No		
Term of Appointment (cannot exceed one year):	Begin Date:	End Date:

### Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

My name is \_\_\_\_\_ and I hold the position of Chief of Police/Reporting Official for \_\_\_\_\_ and I have reappointed the retired member identified above for the term identified above.

I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to the penalty of perjury in accordance with KRS 523.010, et seq.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_