



Kentucky Retirement Systems

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Form 6764

Revised 06/2019

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?

Yes 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: _____