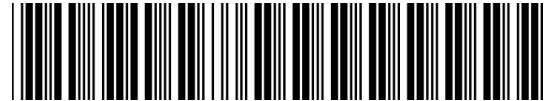




KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 6774
07/2016

City 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 City:	Employer Code:
Was the member previously approved for reemployment pursuant to KRS 70.291 - 70.293? <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 am the Chief of Police for the City of _____ 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: _____