



## Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • [kyret.ky.gov](http://kyret.ky.gov)

**Form 6774**

07/1/2016

### 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: \_\_\_\_\_