



Form 6770

Revised 6/2026[12/2023]

Certification and [City] Appointment of Retired Law Enforcement [Police] Officer

IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed, all supporting documentation is submitted along with this form, and a response to a properly submitted Form 6751 has been Issued by the Kentucky Public Pensions Authority.

Member Information

Member Name:	Member ID:
Reemploying Employer [City]:	Employer Code:
Did the member retire as a police officer as defined by KRS 70.291? ☐ Yes ☐ No	
Initial Appointment: ☐ Yes ☐ No	Date of the Appointment: _____
Term of Appointment (cannot exceed one year) : _____	

Employer Certification

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

1. My name is (Print name) _____ and I am the Chief of Police/Sheriff for the city of (Name of City or County) _____, which will be employing the member identified above;
2. The member identified above participated in the Kentucky Law Enforcement Foundation program and I have provided a certification of participation from the Kentucky Department of Criminal Justice Training, which administers the program;
3. I have ~~verified confirmed~~ the member identified above retired on _____ from _____, with no administrative charges pending ~~and I have attached a notarized statement from the agency listed above certifying that there were no pending administrative charges at the time of the member's retirement;~~
4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540 and the member has received a response from Kentucky Public Pensions Authority approving this return to employment following the submission of Form 6751; ~~and~~
5. For City employers only: The City employed an average of _____ police officers in the previous calendar year and, including this officer, the City is currently employing _____ retired police officers pursuant to KRS 95.022. I understand that KRS 95.022 limits the number of retired officers a city may employ.
6. I acknowledge that if I fail to submit this Form prior to the beginning of the member's term of appointment that Kentucky Public Pensions Authority shall administer the member's reemployment pursuant to KRS 61.637 and 78.5540 including requiring this entity to pay any retirement contributions owed until the first month following submission of the proper documentation.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I and the employer I represent, and I (personally) may be liable for restitution of the benefits for which the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____