

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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**Form 6774**

9/2026

**Recertification of Retired Law Enforcement 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 164.950 – 164.980? <input checked="" 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 member identified above for the term  
identified above.

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, 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: \_\_\_\_\_

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