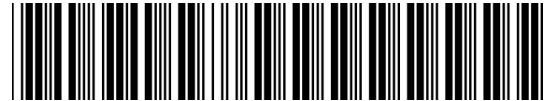




**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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



**Form 6774**  
Revised 03/2024

**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 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: \_\_\_\_\_