

# VOLUNTARY RELINQUISHMENT OF CERTIFICATION

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## Applicant Information

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Name Brian Cohoon

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Date of Birth

[REDACTED]

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Email

[REDACTED]

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Phone

[REDACTED]

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Address

[REDACTED]

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## Certification Information

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Certification Number (if known) COH-R2022-635627

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Date of Initial Certification September 15, 1985

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Issuing Jurisdiction(s) Braintree Police Dept

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## Legal and Professional History

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1. Have you ever been arrested? YES

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1a. If yes, please provide dates, allegations or charges, and outcomes. If no, you may enter "N/A".

[REDACTED]

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2. Have you ever been subject to any criminal prosecution? YES

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2a. If yes, please provide dates, allegations or charges, and outcomes. If no, you may enter "N/A".

See Above

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3. Have you been subject to a restraining order or court order that restricted your conduct or was based on your conduct? NO

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3a. If yes, please provide the dates the order was issued and lifted or expired, and details of the restraining order/court order. If no, you may enter "N/A".

NA

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**4a. Have you been involved in any civil or administrative agency actions related to Law Enforcement service?** YES

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**4b. Have you been involved in any civil or administrative agency actions related to alleged conduct involving:**

- i. Unlawful bias? = NO
- ii. Civil rights violations? = YES
- iii. Violence, abuse, or excessive force? = YES
- iv. Prejudice to justice? = NO
- v. Injury or death? = NO

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**4c. If you responded "Yes" to 4a or any of 4b, provide details on allegations, actions taken, and compliance outcomes. If you responded "No" to all of 4a and 4b, you may enter "N/A".**

Civil lawsuit as K9 Handler for a bite in the 1990's, was removed from the suit as an individual and cleared.

Civil lawsuit in the late 1980's for use of force during arrest- went to trial and all officers were cleared.

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**If you wish to provide additional information regarding any of the above responses, please use the space below. You may enter "N/A" if you do not have additional information relevant to your application.** N/A

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**Reason for your application. (Optional)** Retired after 40 years [REDACTED], applied for Massachusetts Private Investigators license and my certification is still active until 2029. Advised to submit this form for processing voluntary relinquishment of certification.

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## **Acknowledgment & Attestation**

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**Description Area**

By signing this form, I acknowledge and agree that: I have read, understood, and agree to the terms of the Policy on Voluntary Relinquishment of Certification. I understand that upon relinquishment, I will be ineligible for appointment, employment, or engagement in any law enforcement capacity in Massachusetts. I understand that relinquishment is not the same as decertification and that the POST retains authority to take future action based on past conduct. I further understand and agree that, for the duration of time that my application is pending before the Commission, if I learn of information that is responsive to any of the above questions, I must supplement my application within two (2) business days of learning the information by submitting an updated application and noting in the box above that I am supplementing a prior application.

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I hereby certify under the pains and penalties of perjury that all information provided in this application is true, complete, and accurate to the best of my knowledge.



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**Today's Date** February 11, 2026

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**INTERNAL USE ONLY - Authorization** Signature & Date

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**Division of Certification**

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**Division of Standards**

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**Legal**

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**Executive Director**

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**Commission Vote**

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