



PIERCE COUNTY SHERIFF'S DEPARTMENT

LAW ENFORCEMENT OFFICERS SAFETY ACT

Retired officers application for certification to carry a concealed firearm under federal law.

Requesting Retired Employee

Name (Last, First, Middle)			Serial #		Date of Retirement:	
Home address: (number, street, city, state, zip code)						
Home phone number		Cell phone number		E-mail address		Social Security number
Sex	Race	Height	Weight	Eye Color	Hair Color	Date of Birth

Waiver and Release (Read and initial next to the following declarations and sign below)

_____ I swear or affirm that the information on this application is true and accurate.

_____ I am a retired officer of the _____ Sheriff/Police Agency who is eligible to carry a concealed handgun, pursuant to the Law Enforcement Officers Safety Act of 2004 18 USC 926C(c) as defined by statute.

_____ I recognize that the Pierce County Sheriff's Department is not legally required to provide me with handgun instruction or a firearms qualification course. I also recognize that nothing in this application or process creates a property right to carry a concealed firearm.

_____ I understand that I will be required to qualify on the basic handgun proficiency course at my own expense.

_____ Further, I hereby specifically agree to indemnify and hold harmless the Pierce County Sheriff's Department and/or its officers and employees, from any and all liability resulting from my carrying and/or use of any weapon allowed under the Law Enforcement Officers Safety Act of 2004.

_____ I specifically authorize the Pierce County Sheriff's Department to release any and all protected information including medical information they may possess as it may relate to my application under 18 USC 926C(c) as a qualified retired law enforcement officer. Further I agree to hold harmless those agencies and individuals that may release information about me.

Retired officer, print name	Signature	Date Signed
-----------------------------	-----------	-------------

Certification of Retired Officer

- The applicant's retirement file has been reviewed and **IS** a qualified Law Enforcement Officer as defined by 18 USC 926C(c).
- The applicant's retirement file has been reviewed and **IS NOT** a qualified Law Enforcement Officer as defined by 18 USC 926C(c).
- The applicant has provided proof of completing the firearm proficiency course based on the BLEA qualifications.

Signature of Department Representative	Title	Print Name	Date
--	-------	------------	------

Records Check

- | | | | |
|------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> DOL | <input type="checkbox"/> NCIC/WASIS | <input type="checkbox"/> SPD Master N/S | <input type="checkbox"/> Triple I |
|------------------------------|-------------------------------------|---|-----------------------------------|

Records show: Clear/Current Status Other (Explain):

Employee who completed records check	Name/Serial	Date:
--------------------------------------	-------------	-------

HR-218 Sticker # Issued _____ Date _____ Employee _____