

Retiree LEOSA Application

Name_____ Date_____

Address_____

Phone_____ Date of Birth_____

Firearm(s) certifying with (circle all that apply) :

Semi automatic Revolver

Date of Retirement_____

Is this a/an: Recertification Initial Certification

If recertifying, date of last certification_____

Are you currently taking any medication that would prevent you from safely operating a motor vehicle? Yes No

Do you have any condition that would prevent you from kneeling, bending, holding a handgun at arms length unsupported, loading handgun, or wearing of range safety equipment? Yes No

Are you currently under investigation for any domestic violence related crimes? Yes No

Are you currently the subject of a protective or restraining order? Yes No

Have you ever been convicted of a felony? Yes No