

Broomfield Police Department

Retired Law Enforcement Officer Authority to Carry Concealed Firearms

WARNING: The information you provide will be verified. Providing false information on this application constitutes a criminal offense for which you may be prosecuted. Print or type all information except signatures.

Law Enforcement Agency retired from:	Renewal? ?-Y ?-N	Date of retirement:
County: _____ State: _____		
Applicant's Name (Last, First and Middle):		County of residence:
Other Names (nickname, maiden name, alias, etc.):	*Social Security Number:	Date of Birth:
Current Home Address:	City/State/Zip:	Area Code + Home Phone:
Mailing Address if Different from Above:	City/State/Zip:	Daytime Phone - area code + phone:
Are you a U.S. Citizen: ?-Y ?-N	IF NO, Country of citizenship: _____	
Place of Birth: _____	Alien Registration or Admission # _____	
<i>(non-immigrants only)</i> Type of documentation showing exemption to non-immigrant alien prohibition, e.g., hunting license/permit; waiver: _____		

*Social Security number is voluntary, but may assist in the background investigation in the event there are other individuals with a similar name who have had contact with law enforcement authorities. It also helps to ensure that your record will never be accidentally merged with that of any other individual.

I certify that I meet each of the following criteria to be authorized to carry a concealed firearm pursuant to the Law Enforcement officer Safety Act of 2004 (*Chapter 44 of Title 18, United States Code, § 926C*). INITIAL EACH CRITERIA THAT APPLIES

- Retired in good standing from service with a public agency as a law enforcement, officer, other than for reasons of mental instability. _____
- Before such retirement, was authorized by law to engage in or supervise the prevention, detection, investigations, or prosecution of, or the incarceration of any person for any violation of law and had statutory powers of arrest. _____
- Before such retirement, was regularly employed as a law enforcement officer for an aggregate of 15 years or more, OR _____
- Retired from service with such agency after completing any applicable probationary period of such service, due to a service-connected disability as determined by such agency. _____
- Have a non-forfeitable right to benefits under the retirement plan of the agency. _____
- Not under the influence of alcohol or another intoxicating or hallucinatory drug or substance. _____
- Not prohibited by any State or Federal law from receiving or possessing a firearm. _____
- Have in possession a photographic identification issued by the agency from which I retired from service as a law enforcement officer. _____

Signature of Applicant: _____
(must be signed in presence of Sheriff or Sheriff's designee accepting application)

For administrative use only

Collected Fees

Sheriff: \$ _____
 CBI: \$13.00

Verification

DL: attach copy
 Agency ID: attach copy
 Verified by: ? phone
 ? mail
 ? e-mail
 Date: _____
 By: _____

NICS/CCIC

Date Sent: _____
 By: _____
 Date Returned: _____

Firearms Qualifications

Date: _____
 Firearm: _____
 Manufacturer: _____
 Model: _____
 Caliber: _____

Issued

By: _____
 Date: _____