

COUNTY SHERIFFS OF COLORADO

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? <input type="checkbox"/> -Y <input type="checkbox"/> -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: <input type="checkbox"/> -Y <input type="checkbox"/> -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.

<p>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 (<i>Chapter 44 of Title 18, United States Code, § 926C</i>). INITIAL EACH CRITERIA THAT APPLIES</p> <ul style="list-style-type: none"> • 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. _____ <p>Signature of Applicant: _____ <i>(must be signed in presence of Sheriff or Sheriff's designee accepting application)</i></p>	<p>For administrative use only</p> <p><u>Collected Fees</u> Sheriff: \$ _____ CBI: \$13.00</p> <p><u>Verification</u> DL: attach copy Agency ID: attach copy Verified by: <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> e-mail Date: _____ By: _____</p> <p><u>NICS/CCIC</u> Date Sent: _____ By: _____ Date Returned: _____</p> <p><u>Firearms Qualifications</u> Date: _____ Firearm: _____ Manufacturer: _____ Model: _____ Caliber: _____</p> <p><u>Issued</u> By: _____ Date: _____</p>
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