



Coral Springs Police Department L.E.O.S.A. Retired Officer Request for Firearm Qualification



Applicant Name _____ **Date** ____/____/____

Address _____

Contact Phone Number _____ **D.O.B** ____/____/____

Retiring Agency _____

Retirement Date m ____/y _____ **Years of Service** _____

State of Florida, in and for Broward County Before me, the undersigned personally appeared _____, who being by me duly sworn, deposes and says: I retired in good standing from law enforcement with: at least 10 years of aggregate service as a law enforcement or correctional officer OR a service connected disability other than mental instability. _____ **(Initial)**

I have a non-forfeitable right to benefits under the retirement plan set forth by my agency. _____ **(Initial)**

I am not prohibited under Federal law from receiving or possessing a firearm. _____ **(Initial)**

I am not under the influence of alcohol or any other intoxicating or hallucinatory substance. _____ **(Initial)**

I have no physical limitations that would interfere with the proper handling of a handgun. _____ **(Initial)**

I understand that I must meet and follow the procedures established by the L.E.O.S.A. and the State of Florida in meeting the requirements for obtaining proper certification. _____ **(Initial)**

I have not made any material misrepresentation, or failed to disclose any material fact, in my request for certification to carry a firearm under the procedures and requirements set forth by the L.E.O.S.A. and the State of Florida. _____ **(Initial)**

Applicant's Printed Name: _____

Applicant's Signature: _____

Sworn to and subscribed before me, the undersigned this ____ day of _____,

Name\Title of person authorized to administer oath
(FSS 117.10 Notary or Law Enforcement Officer)