



MARYLAND NATURAL RESOURCES POLICE
QUALIFIED RETIRED LAW ENFORCEMENT OFFICER
APPLICATION FOR CERTIFICATION
TO CARRY A CONCEALED FIREARM

Name: _____
(First) (Last) (M.I)

Home Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: (_____) _____ Fax: _____

E-Mail Address: _____

Driver License No: _____ State _____

Date of Birth: ___/___/___ Sex ___ Race _____ Height ___' ___" Weight _____
Month Day Year Eye Color Hair

Affidavit

Write "yes" or "no" -

____ I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with 18 U. S.C. 926C, I must satisfy certain basic criteria. My satisfaction of the certification criteria will be established based on my answers to these questions.

Write "yes" or "no" -

____ The law enforcement agency from which I retired has issued me a photographic identification. Identification number if available: _____.

Write "yes" or "no" -

____ I retired in good standing from a public agency as a law enforcement officer. The agency I retired from is _____ (Agency),

Which is located in _____ (City), _____ (State).

My retirement date was: ___/___/___
Write "yes" or "no" - Month Day Year

____ I did **not** retire for reasons of mental instability.

Write "yes" or "no" -

____ I was authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, and I had statutory powers of arrest.

Write "yes" or "no" -

____ Before retirement, I was *either* (check one):

- ___ Regularly employed as a law enforcement officer for fifteen (15) or more years aggregated, or
- ___ I retired after completing probation due to service-connected disability as determined by the agency I retired from.

Write "yes" or "no" -

____ I have a non-forfeitable right to benefits under my agency's retirement plan.

Write "yes" or "no" -

____ **I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.**

Write "yes" or "no" -

_____ I am not prohibited by state or federal law from receiving a firearm.

Write "yes" or "no" -

_____ I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.

Write "yes" or "no" -

_____ I have met the State of Maryland's standards for training and qualification for active law enforcement officers to carry a firearm of the same type as my concealed firearm; I met these standards on _____ (DATE)

At _____ (Agency/Location)

With _____ (Weapon manufacture/model)

Write "yes" or "no" -

_____ I understand that I must carry the State of Maryland's certification, along with the photographic identification issued by my agency, when I carry the concealed weapon.

Write "yes" or "no" -

_____ I understand that my certification expires twelve months from its issue date.

Write "yes" or "no" -

_____ I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 926C, does not give me any rights whatsoever to exercise law enforcement authority or take police action under any circumstances I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief and I so indicate by signing below in the designated space.

Applicant signature

Date

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of _____ 200_____

My Commission Expires _____

*Any Questions can be directed to:
Maryland Natural Resources Police Training Academy
Retired LEO Firearms Permit
306 Marine Academy Drive
Stevensville, MD 21666
(410) 643-5773 Fax (410) 643-6345*