



El Paso County Sheriff's Office

Sheriff Joseph J. Roybal



18 U.S.C. § 926C Carrying of Concealed Firearms by Qualified Retired Law Enforcement Officers

Please call (719) 520-7249 to schedule an appointment

Forms are available online at www.epcsheriffsoffice.com/services/concealed-handgun-permit.

The applicant will need the following:

- 1) Letter from the applicant's agencies certifying that the applicant meets the criteria to carry a concealed firearm pursuant 18 U.S.C. § 926C (example attached).
- 2) Photo identification issued by the agencies from which the applicant was employed.
- 3) Firearms Qualification within the last 3 months from a Colorado POST Certified Firearms Instructor (qualifying course and blank qual sheet is attached). Firearms qualification is required on an annual basis. EPSO Qualification Range Dates and directions to the Cheyenne Mountain Shooting Complex can be found at www.epcsheriffsoffice.com/services/concealed-handgun-permit.
- 4) Completed and notarized 1-page application.
- 5) Colorado driver's license.
- 6) The \$13.00 processing fee, which can be paid in exact cash, money order, personal check, or cashier's check made payable to E.P.S.O. The El Paso County Sheriff's Office processing fee has been waived.

Please bring the listed documents above to your scheduled appointment. Once approved, your National Concealed Handgun Permit will be mailed to you.

Questions regarding range qualifications should be directed to Rangemasters Amanda Harris at (719) 330-5725 or Brett Dawson at (719) 337-1384.

January 2, 2025

Sheriff Joseph Roybal
Attn: CHP
27 E. Vermijo Avenue
Colorado Springs, CO 80903

RE: 18 U.S.C. § 926C, Carrying of Concealed Firearms by Qualified Retired Law Enforcement Officers

Dear Sheriff Roybal,

This letter will serve as official notice that the (*law enforcement agency*) certifies that (*former employee*) meets the criteria set forth in 18 U.S.C. § 926C to carry a concealed firearm. (*former employee*) was a (*Special Agent/Police Officer/Deputy*) who (*separated OR retired OR medically retired*) in good standing after serving on our Department from (*start date*) – (*end date*). Before such retirement, (*he/she*) was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of or the incarceration of any persons for any violation of law and had statutory powers of arrest.

Sincerely,

(*Wet Signature*)
(*HR Employee/Superior's Name*)
(*Title*)

Must be signed by Agency human resources, personnel department, or superior

Must be on Agency letterhead

We must have the original document with original signature

You must have photo identification issued by the agency(ies) from which you separated

2026 EPSO Off Duty / Backup / HR-218

Target used: POST (1/14/2026)
20 rounds total - ammo management is up to shooter.

10-Yard Line: Draw while taking 1 step left and fire **2 rounds** to the body. **(8 sec)**

1-Yard Line: Draw while taking 1 step to diagonally to the right rear and fire **2 rounds** to the body and **1 round** to the head. **(7 sec)**

3-Yard Line: Draw while taking 1 step left and fire **2 rounds** to the body strong hand only **(5 sec)**

3-Yard Line: From a ready position of your choice, take 1 step right and fire **3 rounds** to the body **(5 sec)**

5-Yard Line: Draw as you take 1 step forward and fire **3 rounds** to the body **(6 sec)**

5-Yard Line: Draw as you take 1 step backward and fire **2 rounds** to the body **(6 sec)**

7-Yard Line: Draw as you take 1 step left and fire **5 rounds** to the body **(8 sec)**

Total number of rounds fired:	20
Total number of rounds body / head	19 / 1

- ✓ **100% Hit Standard**, (All Rounds must be within the silhouette)
- ✓ All rounds must be fired, No alibi for running out of time.
- ✓ Stoppages, when properly cleared become legitimate alibis

LEOSA/HR218 Firearms Qualification Record For Qualified Retired Law Enforcement Officers

Date of Qualification: _____

Retiree's Full Name: _____

DOB: _____ / _____ / _____

Permit # OR Agency: _____

ID Verified by: _____

Type of Firearm:

Semi-Automatic
 Revolver

Qualification Standard (Target) Used:

Score: PASS | FAIL

Qualification Certified by:

Signature & Date: _____

Printed Name: _____

Certified Law Enforcement Firearms Instructor:

ID Number: _____

Agency: _____

This Firearms Qualification Record is to be provided to the El Paso County Sheriff's Office Concealed Handgun Permit Unit for purposes pursuant to 18 U.S. Code § 926C

EL PASO COUNTY SHERIFF'S OFFICE

H.R. 218 - 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.

Initial Application:	<input type="checkbox"/>	Permit #:	County of Issue: El Paso
Renewal:	<input type="checkbox"/>		
Applicant's Name (Last, First and Middle):		Resident of El Paso County? <input type="checkbox"/> -Y <input type="checkbox"/> -N	
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 of alien or non-citizen status*: -Y -N (*If you answer yes, there are exceptions that may still allow you to obtain a permit*)

*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 H.R. 218, *Law Enforcement Officers' Safety Act*, S. 1132, *Law Enforcement Officers' Safety Act Improvements Act* and H.R.4310, *National Defense Authorization Act*.

INITIAL EACH CRITERIA THAT APPLIES

- Retired or separated in good standing from service with a public agency as a law enforcement, officer, other than for reasons of mental instability.
- Before such retirement or separation, 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 or separation, was regularly employed as a law enforcement officer for an aggregate of 10 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.
- 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: _____ Date: _____

(must be signed in presence of Notary)

For administrative use only

Years of Service

Retired: _____

Separated: _____

SC Disability: _____

Agency Name: _____

Collected Fees

Sheriff: \$ Waived

CBI: \$13.00

Verification

DL: attach copy

Agency ID: attach copy

Date: _____

By: _____

CCIC/NCIC

Date: _____

By: _____

EPSO Crim Hx: _____

Date Returned: _____

Firearms Qualifications

Date: _____

Issued

By: _____

Date: _____