

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*: <input type="checkbox"/> -Y <input type="checkbox"/> -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: _____

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: _____