



Fairfield Police Department
LAW ENFORCEMENT SAFETY ACT (LEOSA)
18 U.S.C. § 926C

RETIRED OFFICER APPLICATION AND INFORMATION PACKET

(Complete And Bring To Your Qualification Session)

INSTRUCTIONS

Any Fairfield Police Officer Retiree applying to carry a concealed weapon under authorization of the Law Enforcement Safety Act (LEOSA) (Title 18 USC 926C) will be required to complete the following procedure, as well as abide by all applicable sections of Title 18 USC 926C, applicable state laws, as well as any applicable Fairfield Police Department policies.

1. You must possess a valid state pistol permit in order to be issued a Fairfield LEOSA ID card.
2. Review all requirements of Title 18 USC § 926C and Fairfield Police Policy § 3.22 to ensure that you are eligible to carry a concealed weapon under the terms of the law and policy. It is your responsibility to ensure you meet all of the legal requirements under federal and state law. See attached.
3. Complete the attached three documents (these forms must be signed in the presence of a department firearms instructor):
 - a. Retiree Concealed Handgun Application
 - b. Individual Authorization for Use and/or Disclosure of Protected Health Information
 - c. Fairfield Police Waiver and Release Form
4. Contact the Training Office at the Fairfield Police Department, (203) 254-4844, to schedule a time and date to complete the firearms qualification course.
5. Bring the attached and completed documents to that qualifications course along with:
 - a. A handgun
 - b. 180 rounds of factory issued lead-free ammunition
 - c. A safe and secure holster

Once the above steps have been successfully completed and you qualify with your firearm, you will be issued a LEOSA ID card valid for (one) 1 year from date of issuance. If, at any time, you become ineligible to carry or possess a firearm under state or federal law, you shall contact the Fairfield Police Department immediately and surrender your LEOSA notification card to the Support Services Bureau. The validity of your LEOSA ID card is dependent upon your legal right to possess and carry a firearm pursuant to all applicable state and federal laws.



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APPLICATION

(Complete And Bring To Your Qualification Session)

Name: _____ **Retirement Date:** _____

Home Address: _____ **Home Phone:** _____

Pistol Permit Issuing State: _____ **Permit Number:** _____

I am, to the best of my knowledge, a “qualified retired law enforcement officer” as outlined in 18 USC § 926C, and request qualification under LEOSA;

I also state that I separated from service in good standing from service with a public agency as a law enforcement officer;

That before such separation, I was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest;

That before such separation, I served as a law enforcement officer for an aggregate of 10 years or more; or I separated from service with such agency due to a service-connected disability, as determined by such agency, after completing any applicable probationary period of such service;

That during the most recent 12-month period, I have met the standards for qualification in firearms training for active law enforcement officers, as determined by the Fairfield Police Department;

That I have not been officially found by a qualified medical professional employed by the agency to be unqualified for reasons relating to mental health to receive a LEOSA permit;

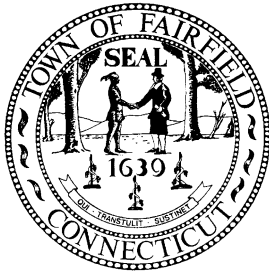
That I have not entered into an agreement with the agency from which I am separated in which I acknowledged that I am not qualified under 18 USC § 926 for reasons relating to mental health to receive a LEOSA permit;

That I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance;

That I am not prohibited by Federal law from receiving a firearm.

Signature of Applicant: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____



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**TOWN OF FAIRFIELD
INDIVIDUAL AUTHORIZATION
FOR USE AND/OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

(Complete And Bring To Your Qualification Session)

Name: _____

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

1. Person(s) or organizations authorized to disclose the health information: Town of Fairfield Human Resources Department
2. Person(s) or organization authorized to receive the health information: Town of Fairfield Police Department and its authorized representatives
3. Description of health information that may be used/disclosed: Any information necessary to determine my eligibility to carry a concealed firearm as described in Title 18 USC 966(c) and Fairfield Police Policy.
4. Purpose for which health information will be disclosed: To determine eligibility to carry a concealed firearm as described in Title 18 USC 966(c) and Fairfield Police Policy.
5. I understand that the person or organization that I am authorizing to use/disclose the information may receive compensation in exchange for using or disclosing the health information described above.
6. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to enroll in a health plan, obtain health care treatment or payment or my eligibility for benefits.
7. I understand that I may revoke this authorization at any time providing written notice to the Town of Fairfield Department of Human Resources. I understand that my revocation will not affect any actions already taken in reliance on this authorization.
8. I understand I may inspect or copy any information to be used or disclosed under this authorization.
9. Unless otherwise revoked in writing this authorization will expire 1 year from the date signed below.

Signature of Applicant: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____



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LEOSA WAIVER & RELEASE FORM

(Completed And Bring To Your Qualification Session)

**LAW ENFORCEMENT OFFICERS SAFETY ACT
RETIRED OFFICER: WAIVER & RELEASE FORM**

I _____ am a retired officer of the Fairfield Police Department who is eligible to attempt to qualify to carry a concealed firearm, pursuant to the Law Enforcement Officers Safety Act of 2004 (18 U.S.C. § 926C).

I recognize that the Fairfield Police Department is not legally required to provide me with firearms instruction or a firearms qualification course. I understand that to do so, I will be required to fire my weapon under the direct supervision of the Fairfield Police Department instructors.

With acknowledgment of the risks inherent in this activity, agree to release, discharge, indemnify and hold harmless the Fairfield Police Department, the Town of Fairfield and their respective agents, employees and representatives from and against any and all claims, demands, actions, causes of action, judgments, executions, damages, costs and expenses which I, my heirs, executors, administrators or assignees now have or may have against the aforesaid for any and all losses, costs, expenses (including attorney's fees), damages and injuries known or unknown, and injuries to property, real or personal, arising out of my participation in firearms training sessions conducted by the Fairfield Police Department. It is understood and agreed that this instrument is a full and final release of all claims of every nature and kind whatsoever and that this instrument releases claims that are, at this time, unknown and unsuspected.

Further, I understand that am not a sworn law enforcement officer, am not an employee of the Fairfield Police Department, am not covered by any insurance, workers' compensation plan, indemnity agreement, or any other (criminal, civil, administrative, or otherwise) culpability and/or liability-shielding mechanism, vehicle, device or agreement, that I have no sworn Law Enforcement Officer powers or authority. I also understand that the Fairfield Police Department, the Town of Fairfield or any of its employees or agents accept no responsibility or liability in any manner, and will not be responsible in any way, in any manner, or to any degree for any actions, or inactions I take, or fail to take, in any way.

I hereby specifically agree to indemnify and hold harmless the Fairfield Police Department and/or its officers and employees, from any and all liability resulting from my carrying and/or use of any weapon allowed under the Law Enforcement Officers Safety Act of 2004, including, but not limited to, civil litigation.

I also agree to fully abide by 18 U.S.C. § 926C (LEOSA) and will at all times and under all circumstances abide by any and all applicable federal, state, local or other statutes, laws ordinances, etc.

Signature of Applicant: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____



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Name of Applicant

This area to be completed by the Fairfield Police Training Officer

I, _____, have confirmed through the town of Fairfield Human Resources Department and Fairfield Police Department records, the following:

1. The applicant/retiree retired in good standing from service on _____ (date)
2. The applicant/retiree had statutory powers of arrest during employment _____ (yes/no)
3. Prior to retirement, the applicant/retiree was regularly employed as a law enforcement officer for an aggregate of 10 years of more; or retired from service, after completing any applicable probationary period of such service, due to a service-connected disability _____ (yes/no)

This area to be completed by a Fairfield Police Firearms Instructor

The above retired officer has successfully completed firearms qualification as outlined in the Fairfield Police policy covering 18 U.S.C. §926C.

Date Completed: _____ **Received a Score of 80% or better** _____

Weapon: Make: _____ **Model:** _____ **Caliber:** _____ **Serial #:** _____

At the time of qualification, was the applicant was under the influence of alcohol or another intoxicating or hallucinatory drug or substance? _____

Firearms Instructor Printed Name: _____ **Badge #:** _____

Firearms Instructor Signature: _____

This area to be completed by Fairfield Police Administration

The applicant has:

- Has met the retirement, time in service, and powers of arrest qualifications as confirmed through the town Human Resources Department and Fairfield Police Department records
- Has met the standards for training and qualification outlined in Fairfield Police Department policy
- Possesses a valid state pistol permit. State/Permit No. _____.
- Was issued a LEOSA Permit on _____, which is valid for one (1) year.

Department Official Printed Name: _____

Department Official Signature: _____ **Date:** _____