



# HR218 RECERTIFICATION COURSE 1 HOUR

PRICE

\$65

## REQUIRED MATERIALS:

- RETIRED LEO CREDENTIALS
- FIREARM
- CONCEALED CARRY HOLSTER
- AMMUNITION (40 ROUNDS PER FIREARM)
- MAG POUCHES (IF DESIRED)

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- Will be shooting State of Florida FDLE Firearms Qualification Course.
  - FDLE Proficiency Cards issued upon successful qualification.
  - Qualification cards will be valid for one year.
  - Cards **MUST** be carried in conjunction with LEO Credentials.

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It is recommended that you fill out the **HR218 FORM** prior to participating in course.

LEAVE APPLICANT SIGNATURE FIELD BLANK AS IT NEEDS TO BE NOTARIZED

# HR 218/ LEOSA Retired Officer Request For Firearm Qualification

To be filled by Training Personnel:

Card #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Score: \_\_\_\_\_

Firearm: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ D.O.B \_\_\_\_\_

Retiring Agency \_\_\_\_\_ Retirement Date \_\_\_\_\_ Years of Service \_\_\_\_\_

State of Florida, in Miami Dade or Broward County at \_\_\_\_\_ range.

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 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 nonforfeitable 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 HR 218 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 HR 218 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)

Retired ID, Badge or Tax ID

Number: \_\_\_\_\_

- Persons carrying this card MUST have it in conjunction with their Agency ID Card to be valid.