

HR 218 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.