

Broomfield Police Department

Retired / Separated 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.

Law Enforcement Agency retired / separated from:	Renewal? ?-Y ?-N	Date of retirement / separation:
County: _____ State: _____		
Applicant's Name (Last, First and Middle): _____		County of residence: _____
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 a U.S. Citizen: ?-Y ?-N	IF NO, Country of citizenship: _____	
Place of Birth: _____	Alien Registration or Admission # _____	
<i>(non-immigrants only)</i> Type of documentation showing exemption to non-immigrant alien prohibition, e.g., hunting license/permit; waiver: _____		

*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 Law Enforcement officer Safety Act of 2004 and 2010. INITIAL EACH CRITERIA THAT APPLIES

- Separated in good standing from service with a public agency as a law enforcement officer. _____
- Before such 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 separation, was regularly employed as a law enforcement officer for an aggregate of 10 years or more, OR _____
- Separated 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 separated from service as a law enforcement officer. _____

Signature of Applicant: _____
(must be signed in presence of Sheriff or Sheriff's designee accepting application)

For administrative use only

Collected Fees

Sheriff: \$ _____
 CBI: \$13.00

Verification

DL: attach copy
 Agency ID: attach copy
 Verified by: ? phone
 ? mail
 ? e-mail
 Date: _____
 By: _____

NICS/CCIC

Date Sent: _____
 By: _____
 Date Returned: _____

Firearms Qualifications

Date: _____
 Firearm: _____
 Manufacturer: _____
 Model: _____
 Caliber: _____

Issued

By: _____
 Date: _____