



# Retired Law Enforcement Weapons Qualification Application

|                        |               |           |        |              |      |
|------------------------|---------------|-----------|--------|--------------|------|
| FIRST NAME             | MIDDLE NAME   | LAST NAME |        |              |      |
| ADDRESS                |               |           |        | PHONE NUMBER |      |
| DRIVERS LICENSE NUMBER | DATE OF BIRTH | HEIGHT    | WEIGHT | HAIR         | EYES |

I hereby certify that I understand this qualification is only intended to meet the following provisions and I have been provided a copy of and familiarized myself with the requirements of United States Code 18 § 926C (The Law Enforcement Safety Act of 2010) and that I currently meet all of the requirements set forth in Section 3. (Exemption of Qualified Retired Law Enforcement Officers from State Laws Prohibiting the Carrying of Concealed Firearms).  
 \_\_\_\_\_(Initials)

I hereby certify that I have familiarized myself with the requirements of Ohio's Concealed Carry Law, ORC 2923.12, that I currently meet all of the requirements therein and that I am not under any of the disabilities listed in O.R.C. Section 2923.13 which would disqualify me from carrying a firearm. \_\_\_\_\_(Initials)

I have retired in good standing from the Dublin Police Department and am requesting to qualify with a firearm under the rules of USC 18 § 926C and ORC 2923.126. I understand that my participation is subject to the approval of the Chief of Police or his designee. \_\_\_\_\_(Initials)

If any actions result in a change to my status as a Qualified Retired Law Enforcement Officer, or affect my standing with the Dublin Police Department I will notify the Department immediately and acknowledge that my privileges may be revoked. \_\_\_\_\_ (Initials)

I give consent to the City of Dublin, Police Department, to perform a criminal background check and I am prohibited from bringing a tort or other similar action against the City Of Dublin, it's elected officials, officers, employees, or volunteers for any actions taken as a result of the criminal background check. \_\_\_\_\_ (Initials)

Signature of Retiree: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Range Supervisor Approval: \_\_\_\_\_

Bureau Commander Approval: \_\_\_\_\_

Chief of Police Approval: \_\_\_\_\_

I (printed name) \_\_\_\_\_, hereby certify that the retiree whose name appears on this form has completed the course of fire currently in use by the Dublin Police Department to qualify retired officers to carry a weapon concealed on their person. The qualification was completed as outlined in General Order 1.3.11.

Signature of qualifying officer: \_\_\_\_\_

Requalification Certification Number: \_\_\_\_\_