

Form 2

AFFIDAVIT

Before retirement, I was either (choose one)

regularly employed as a law enforcement officer for **TEN (10)** or more years aggregated

Or

retired after completing probation due to a service-connected disability as determined by the agency from which I retired.

I intent to fire: (choose one): Revolver

Semi-Automatic

Both

Mark Yes or No	Yes	No
The law enforcement agency from which I retired issued me a photographic identification.	<input type="checkbox"/>	<input type="checkbox"/>
I retired in good standing as a law enforcement officer:		
Agency: _____ City: _____ State: _____	<input type="checkbox"/>	<input type="checkbox"/>
Retired for reasons of mental instability	<input type="checkbox"/>	<input type="checkbox"/>
I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for any violation of law, and I had statutory powers of arrest.	<input type="checkbox"/>	<input type="checkbox"/>
I have a non-forfeitable right to benefits under my agency's retirement pension plan	<input type="checkbox"/>	<input type="checkbox"/>
If you responded no to the above question, can you provide a letter (s) from each law enforcement agency you worked for showing an aggregate of 10 years of service and stating you left in good standing and the reason why you did not participate in a retirement system.	<input type="checkbox"/>	<input type="checkbox"/>
I affirm that I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance, or currently in drug or alcohol rehabilitation, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.	<input type="checkbox"/>	<input type="checkbox"/>
I affirm that I am not prohibited by Federal or State law from receiving a firearm.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the definition of "firearm" does not include any machine gun, firearm silencer, or destructive device.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I must carry the issued certification card, along with the photographic identification issued by my agency when I carry a concealed weapon.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my certification expires twelve months from the date of issue, and it is my responsibility to reapply if I wish to continue to carry under this law.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that this authorization applies only to the weapon-type with which I qualified.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that this certification does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.	<input type="checkbox"/>	<input type="checkbox"/>

I swear or affirm under penalties of perjury that the information provided in this questionnaire is true to the best of my knowledge, information, and belief.

Print Name

Signature

Date