

Department of Police Montgomery County, Maryland

MCP 322 03/24

LEOSA Retiree Registration Form

						Qualific	cation Date & Time:		_/	
Reco	ords Endorse:	□ Yes □	No	Date:	B	Ву:		ID#:		
IAD	Endorse:	☐ Yes ☐] No	Date:	B	By:		ID#:		
PSTA Director Endorse: ☐ Yes ☐ No			∃No	Date:	E	By:		ID#:	:	
Curr	rent Handgun Perm	it: 🗆 ՝	Yes □ I					 :ate:		
Current Handgun Permit:										
J.,,	er 3 Electise Hambe					•	Expirat			
NAN	ΛΕ:									
	Lo	ast		First	Mid	ldle				
ADD	ORESS:Street			City	State		County	Zip Code		
_				,			•	,		
Gen	der: 🗆 M 🗀 F	Race:	D	OB:		Wgt:	Eye Color:	Hair Cold	or:	
Pho	ne:					Email:				
	Ноте				her					
1.	Have you ever been								□ Y	□N
2.	Have you ever been agency?	denied LEOSA	certifica	ition by the N	Montgomery Coun	ity, Maryland,	Department of Police of	or any other	ПΥ	□N
3.	Did you retire from t	he Montgome	ery Coun	ty, Maryland,	Department of P	olice in good s	tanding? If Yes, go to o	question #4.	ПΥ	□N
4.	Did you retire for rea	sons of a mer	ntal or er	motional diso	rder ?				ПΥ	□N
5.	Did you retire from t disciplinary or admir	_			Department of P	olice in good s	tanding without an op	en	ПΥ	□N
6.										
7. Have you ever been served with an ex-parte or protection order for domestic violence ?										□N
8.	Have you ever been	charged with,	arrested	l for, or convi	cted of any violati	ion of criminal	law ?		ПΥ	□N
9.	Have you ever been of mental or psychiatric					or hospital fo	r treatment or observa	ition for a	ПΥ	□N
10.	D. Are you currently or have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution; including voluntary commitment, for any mental or psychiatric condition?								□N	
11.	11. Are you addicted to or have you ever been addicted to alcohol, any controlled dangerous substances, or dangerous substances; or are you currently being treated for alcoholism, addiction to controlled dangerous substances, or addiction to any dangerous substances?							□N		

Function Code: 0322 CALEA: None

Proponent Unit: Training and Education Division

*Use Page #2 for Additional Comments

USE THE RETIREE COMMENT SECTION FOR THE FOLLOWING:

- A. Except for #5 and #6, if you answered YES to any of the above questions, please provide a detailed explanation of each.
- B. Give full details of prior denial, suspension, revocation, or termination of your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction.
- C. You are required to report on the continuation sheet if you are on parole, probation, or mandatory supervision.

RETIREE COMMENTS
ENDORSER NOTES

NOTE:

- Your application must be received at least thirty (30) days in advance but no sooner than sixty (60) days prior to your qualification date. Because your application goes through a background check, it cannot be processed sooner than sixty (60) days prior to your attendance.
- You may register for a class at any time you wish but are asked not to mail in your application prior to the (60) sixty-day mark.
- Once approved by records, it will be sent to IAD (if applicable) for approval and then returned to the PSTA for final administrative approval.
- If the above steps are not completed before the qualification date you will be rescheduled or asked not to attend.
- You will <u>only</u> be contacted if there is an issue with your application.
- Please do not email the PSTA to check on the status of your application.

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AFFIDAVIT

Name:											
Last	First	Middle									
Before Retirement: (check one)											
	ery County Police De	epartment as a law enforcement officer for ten (10) or more years									
☐ I retired after completing probation due to a service-connected disability as determined by the agency I retired from.											
Please read and <u>initial</u> next to each of the below statements:											
I understand in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with the Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 926C, I must satisfy certain basic criteria. My satisfaction of the certification criteria will be established based on my answers to these questions.											
I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or incarceration of any person for any violation of law, and I had statutory powers of arrest.											
I have non-forfeitable rights to benefits under my agency's retirement plan.											
I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.											
I am not prohibited by state or federal law from receiving a firearm.											
I understand that the definition of a	I understand that the definition of a firearm does not include any machine gun, firearm silencer, or destructive device.										
I understand that I must carry my Montgomery County LEOSA card along with my photo ID issued by my agency when I carry a concealed weapon.											
I understand that my LEOSA certifica	tion expires twelve	(12) months from its issue date.									
I understand that the Law Enforceme exercise law enforcement authority of		act of 2004, 18 U.S.C. 926C, does not give me any rights whatsoever to under any circumstances.									
I do hereby declare and affirm under penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief, and I so indicate by signing below. I understand that by signing this form, I agree to allow the Montgomery County, Maryland, Department of Police to conduct a criminal history and motor vehicle administration check as part of this application process. I also agree that I am a former employee of the Montgomery County, Maryland Department of Police. Retiree Signature Date											
RETURN COMPLETED & NOTARIZED FORM TO:		NOTARY									
MCPD Records Management Division ATTN: LEOSA 100 Edison Park Drive Gaithersburg, Maryland 20878	Notary Public	d and sworn to before me: day of 20									

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