



LEOSA Retiree Registration Form

Qualification Date & Time: _____/_____/_____

Records Endorse: Yes No Date: _____ By: _____ ID#: _____

IAD Endorse: Yes No Date: _____ By: _____ ID#: _____

PSTA Director Endorse: Yes No Date: _____ By: _____ ID#: _____

Current Handgun Permit: Yes No If Yes: _____ State: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City State County Zip Code

Gender: M F Race: _____ DOB: _____ Hgt: _____ Wgt: _____ Eye Color: _____ Hair Color: _____
MM/DD/YYYY

Phone: _____ Email: _____
Home Other

1. Have you ever been LEOSA certified by the Montgomery County, Maryland, Department of Police ?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Have you ever been denied LEOSA certification by the Montgomery County, Maryland, Department of Police or any other agency ?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Did you retire from the Montgomery County, Maryland, Department of Police in good standing ? If Yes, go to question #4.	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Did you retire for reasons of a mental or emotional disorder ?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Did you retire from the Montgomery County, Maryland, Department of Police in good standing without an open disciplinary or administrative action/investigation ?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Did the Montgomery County, Maryland, Department of Police provide you with a retired law enforcement identification card displaying your photograph ?	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Have you ever been served with an ex-parte or protection order for domestic violence ?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Have you ever been charged with, arrested for, or convicted of any violation of criminal law ?	<input type="checkbox"/> Y <input type="checkbox"/> N
9. Have you ever been confined or committed to a mental health institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis ?	<input type="checkbox"/> Y <input type="checkbox"/> N
10. 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 ?	<input type="checkbox"/> Y <input type="checkbox"/> N
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 ?	<input type="checkbox"/> Y <input type="checkbox"/> N

Function Code: 0322
CALEA: None
Proponent Unit: Training and Education Division

*Use Page #2 for Additional Comments

