



LEOSA Retiree Registration Form

Qualifications Date Request: _____

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: _____ **Retirement Date:** _____
Last First Middle

Address: _____
F Street City, State County Zip

Sex: M **Race:** _____ **DOB:** _____ **Hgt:** _____ **Wgt:** _____ **Eye Color:** _____ **Hair Color:** _____
MM/DD/YYYY

Phone: _____ **Email Address:** _____
Home Other

Revolver Semi-Automatic **Make:** _____ **Model:** _____ **Serial#:** _____

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

ON ATTACHED CONTINUATION FORM. PLEASE INCLUDE 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.

