



# Strategic Training Solutions

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FORM 1

## **ACTIVE** Florida Law Enforcement Officer ~ Federal Concealed Carry Application

This form must be completed and returned to Strategic Training Solutions by all applicants applying for renewal of law enforcement retired officer firearms qualification no later than 3 business days prior to your qualification date. Once your renewal is received and approved you will be notified by Strategic Training Solutions of a mutually agreeable qualification shoot date. The course fee is \$75 and the shooter may opt to qualify with a semi-auto, revolver, or both weapon types.

*Range rental fees, targets, and safety gear are included with the course fee. Ammunition must be purchased at the Range shop; they run a lead free range in order to meet federal environmental standards.*

### APPLICANT INFORMATION

Box 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address (Legal Residence) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMPLOYING AGENCY

Box 2

Agency Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

ID/BADGE # \_\_\_\_\_ Present Assignment: \_\_\_\_\_

Agency Phone # ( ) \_\_\_\_\_ Agency Contact Person: \_\_\_\_\_

Agency Fax # ( ) \_\_\_\_\_ Agency Website: \_\_\_\_\_

Agency Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PREREQUISITE DOCUMENTS

These documents/fees **MUST** accompany your application in order for it to be processed and approved.

Box 3

1. Copy of photo identification card issued by the employing law enforcement agency.
2. Copy of state issued photo identification validating Florida residency.
3. Affidavit completed and signed by applicant (*Form 2*)
4. Authorization for Release of Criminal Background Information Signed and Notarized (*Form 3*)
5. **Non-refundable fee of \$75 before your application will be processed.**

**\*\* NOTE:** Original law enforcement identification card and badge must accompany you at time of your qualification shoot. STS can provide a Notary Public for you (free of charge) prior to your qualification shoot if necessary!

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE ONLY	Application #	State Tracker #	Qualification Date:	Approved	Rejected
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### Affidavit

Before retirement, I was *either* (choose one)

\_\_\_\_\_ I am a sworn law enforcement officer with full arrest powers and in good standing within my current employer.

I intend to fire: (choose one)

Revolver \_\_\_\_\_ Semi-Automatic \_\_\_\_\_ Both \_\_\_\_\_

PRINT A "YES" OR "NO" RESPONSE TO EACH OF THE FOLLOWING	YES	NO
The law enforcement agency where I am employed has issued me a current photographic identification card.		
I understand that I must carry the issued firearms certification card along with the photographic identification issued by my employing agency when I carry the concealed weapon.		
I understand that my certification expires 24 months from the date of issue and it is my responsibility to reapply if I wish to continue to carry under this law.		
I have a non-forfeitable right to benefits under my agency's retirement/pension plan.		
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 15 years of service stating you left in good standing and the reason why you did not participate in a retirement system?		
I affirm that I am not prohibited by Federal or State law from receiving a firearm.		
I understand that I must meet the same State of Florida standards of qualification and re-qualification for active law enforcement officers to carry a firearm of the same type as my concealed firearm.		
I understand this authorization applies only to the weapon-type with which I qualified.		
I understand that the concealed carry certification does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.		
I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.		
I affirm that I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance or, currently in a drug or alcohol rehabilitation program, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.		
I fully understand that the HR 218 certification section shall not be construed to supersede or limit the laws of any State that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property; or prohibit or restrict the possession of firearms on any State or local government property, installation, building, base, or park.		
I understand that a background investigation is required and I do authorize Strategic Training Solutions to conduct such to determine if I have been convicted of any criminal offenses or have any mental health instabilities that would otherwise disqualify me from possessing a concealed firearm.		
I retired under (internal/external) investigation in lieu of a disciplinary hearing; or retired under criminal investigation.		
<p>By signing below, I certify, under penalty of perjury, that I have I retired in good standing from a public agency as a law enforcement officer for reasons other than mental instability. I further certify that before retirement I was engaged in law enforcement duties and had the power of arrest for an aggregate period of 15 years or more, <b>OR</b> I retired from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency; and I have a non-forfeitable right to benefits under the retirement plan of the said agency. I further certify that I have read, understand, and meet all other requirements of HR 218 (18 U.S. Code §926B and 926C) and are entitled to all rights afforded to me under the Law Enforcement Safety Act of 2004.</p>		
Printed Name	Signature of Applicant	Date of Application

### Authorization for Release of Criminal Background Information

I hereby authorize Strategic Training Solutions [hereinafter STS], and any qualified agent to receive criminal background information including copies of my past and present law enforcement records. This criminal background investigation is being conducted for the purpose of assisting STS in evaluating my suitability for carrying a concealed firearm pursuant to the Law Enforcement Safety Act of 2004 18 USC§ 926C et seq. The release of information pertaining to this criminal background investigation is expressly authorized. I understand that I have a right to review the information that STS receives in this criminal background investigation by putting a request in writing. I understand that reasonable efforts will be made by STS to protect the confidentiality of this information. I hereby release STS from any liability or damage in providing such information. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

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### AFFIDAVIT

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

This foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
who has produced \_\_\_\_\_ as identification  
and who did take an oath.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name of Notary Public