



Strategic Training Solutions

P.O. Box 743
Port Richey, Florida 34673

Phone: (727) 243-7711

Email: tfergueson@gmail.com

FORM 1

Retired 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: _____

RETIRING AGENCY

Box 2

Agency Name: _____

Retirement Date: _____ Dates of Employment: _____

ID/BADGE # _____ Last 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 retiring 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 retirement 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)**

_____ Regularly employed as a law enforcement officer for fifteen (15) or more years aggregated; or

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

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 from which I retired has issued me a photographic identification card.		
I understand that I must carry the issued firearms certification card along with the photographic identification issued by my retiring agency when I carry the concealed weapon.		
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.		
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.		

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, **OR** 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.

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)

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

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION
Law Enforcement Officers Safety Act of 2004**

****PLEASE NOTE: This form is not mandatory but may be required by your retiring law enforcement agency to release your personal information.**

I _____ hereby request and authorize _____
[former law enforcement employer] (hereafter the "Employer"), including each of its trustees and agents, to disclose health and other information as described below.

Specific Description of the Information to be Used or Disclosed: The Employer will certify whether you meet the following criteria for being designated as a "qualified retired law enforcement officer" under the Law Enforcement Officers Safety Act of 2004, 18 USC§ 926C et seq., as follows:

- You retired in good standing from Employer after 15 years of service for other than reasons of mental instability [i.e. a voluntary retirement] ; or
- If you did not complete 15 years or more of service, the total number of years completed with Employer and that you left in good standing and for reasons other than mental instability (note: evidence of law enforcement employment(s) totaling 15yrs is required) ; or
- If you did not complete 15 years or more of service, you retired from service with Employer after completing any applicable probationary period of such service, due to a service-connected disability.
- You were employed as a full time law enforcement officer with statutory powers of arrest.
- Except as may be provided by law, you have a non-forfeitable right to benefits under the Pension Plan.

Persons or Class of Persons to Whom the Use or Disclosure May be Made: The Employer will issue a written certificate to Strategic Training Solutions [hereinafter STS] at the address indicated below. The Employer also may respond to inquiries made by the STS regarding the written certificate by providing additional information and/or the related records. You have the right to inspect and copy any such additional records disclosed by the Employer.

The Information will be Used and/or Disclosed for the Following Purposes: The information will be used for purposes of determining status as a "qualified retired law enforcement officer" under the Law Enforcement Officers Safety Act of 2004. The disclosure of personal health information will be limited to the STS staff that has a need-to-know for the certification process only.

This Authorization & Release will expire on: _____, 20____. (Indicate a calendar date on which you wish this Authorization to expire, at least 90 days after the date of your signature). If the Employer is unable to act on your request before the expiration date, you will be required to submit a new Authorization before the Employer will act on the request).

I have read and understand the following statements about my rights:

- I understand that by authorizing the disclosure of information by the Employer as described in this Authorization, the confidentiality of the information may no longer be protected by law.
- I understand that I may revoke this Authorization & Release at any time by notifying the Employer in writing. Notwithstanding this, I understand that I may not revoke this Authorization & Release to the extent that the Employer has taken action in reliance upon it.
- I understand that I may refuse to sign this Authorization & Release and that my refusal to sign in no way affects my pension benefits or any rights other than my ability to be designated as a "qualified retired law enforcement officer" under the Law Enforcement Officers Safety Act.

Signature of Retiree

Printed Name of Retiree

Address for Mailing Return Correspondence :

**Strategic Training Solutions
Attn: Troy Ferguson, President
P.O. Box 743
Port Richey, FL 34673**

FAX for Return Correspondence to: (727) 868-7542