

**INSTRUCTIONS FOR COMPLETING THE RETIRED LAW ENFORCEMENT OFFICERS APPLICATION  
FOR CERTIFICATION TO CARRY A CONCEALED FIREARM**

**Retired Allied Police Officers**

- You can obtain your certification from the agency from which you are retired. If your agency from which you retired does not issue this certification, you can apply with the Dept. of State Police.
- You must be a Maryland resident to apply for this certification in Maryland.
- You must possess a photographic identification card issued by your agency indicating that you are a retired law enforcement officer.

**Instructions for obtaining certification from the Department of State Police**

1. You must complete the State of Maryland Qualified Retired Law Enforcement Officer Application for Certification to Carry a Concealed Firearm. The application can be obtained from the Maryland State Police website at [www.mdsp.org](http://www.mdsp.org). Once on the website, click on downloads, then click on Law Enforcement downloads.
2. You must submit to the Maryland State Police, Licensing Division, Handgun Permit Unit, the completed and notarized application, along with the proper fees, which are stated on the application and documentation from a Maryland Police and Correctional Training Commission certified firearms instructor that indicates that you have satisfied the firearm and training qualification requirements of this state. Please submit a photocopy of your agency issued retired photographic identification card.
3. In order to receive the required firearms qualifications for this state, you can contact your local law enforcement agency, firearm range, or the Maryland Police and Correctional Training Commission to make arrangements to complete the firearm and training qualifications. There may be a charge for this service. You can reach the Maryland Police and Correctional Training Commission at 410-552-6300.
4. You must receive the firearms qualification through a Maryland Police and Correctional Training Commission certified firearms instructor. Any qualifications received that is NOT certified by a Maryland Police and Correctional Training Commission certified instructor, will not be accepted.
5. Once you have satisfied the firearm and training qualification requirements and submitted the required paperwork to the Licensing Division, Handgun Permit Unit at 1111 Reisterstown Road, Pikesville, Maryland 21208, you will receive your certification via U.S. mail within a reasonable time. The certification card will indicate your information, the firearm type, along with the expiration date and the notation LEOSA in the remarks section.
6. **IT IS THE RESPONSIBILITY OF THE APPLICANT TO BE RE-QUALIFIED BY THE EXPIRATION DATE ON THE CERTIFICATION CARD.** You will be required to annually meet the established firearms and training standards by the expiration date of the previous firearm qualification in order to maintain your certification.
7. The Department of State Police does reserve the right to deny the issuance of the certification card when your status as a retired law enforcement officer cannot be established and/or verified.

## Retired Maryland State Police Officers

1. You must complete the State of Maryland Qualified Retired Law Enforcement Officer Application for Certification to Carry a Concealed Firearm. The application can be obtained from the Maryland State Police website at [www.mdsp.org](http://www.mdsp.org). Once on the website, click on downloads, then click on Law Enforcement downloads.
2. You must submit to the Maryland State Police, Licensing Division, Handgun Permit Unit, the completed and notarized application, along with the proper fees, which is stated on the application, and documentation from a Maryland Police and Correctional Training Commission certified firearms instructor that indicates that you have satisfied the firearm and training requirements of this state; you can contact the Maryland Police and Correctional Training Commission at 410-552-6300. Please submit a photocopy of your agency issued retired photographic identification card.
3. You must receive the firearms qualification through a Maryland Police and Correctional Training Commission certified firearms instructor. Any qualifications received that is NOT certified by the Maryland Police and Correctional Training Commission certified instructor, will not be accepted.
4. Once you have satisfied the firearm and training qualification requirements and submitted the required paperwork to the Licensing Division, Handgun Permit Unit at 1111 Reisterstown Road, Pikesville, Maryland 21208, you will receive your certification via U.S. mail within a reasonable time. The certification card will indicate your information, the firearm type, along with the expiration date and the notation LEOSA in the remarks section.

### OR

5. You must submit to the Maryland State Police, Licensing Division, Handgun Permit Unit, the completed and notarized application, along with the proper fees, which are stated on the application, and the Range Registration Form. The range registration form will be forwarded to the local MSP barrack located in the area in which you reside. The MSP firearms instructor will notify you of the location and time to respond to complete the training portion of the qualification requirement. This may take up to 90 days for a response. Please submit a photocopy of your agency issued retired photographic identification card.
6. Once you have satisfied the firearm and training requirements, the MSP firearms instructor will forward your qualifications to the Licensing Division, Handgun Permit Unit. When this certification is received you will receive your certification via U.S. mail within a reasonable time. The certification card will indicate your information, the firearm type, along with the expiration date and the notation LEOSA in the remarks section.
7. **IT IS THE RESPONSIBILITY OF THE APPLICANT TO BE RE-QUALIFIED BY THE EXPIRATION DATE ON THE CERTIFICATION CARD.** You will be required to annually meet the established firearms and training standards by the expiration date of the previous firearms qualification in order to maintain your certification.
8. The Department of State Police does reserve the right to deny the issuance of the certification card when your status as a retired law enforcement officer cannot be established and/or verified.
9. PLEASE REMEMBER TO DOWNLOAD THIS FORM TO YOUR COMPUTER AND SAVE A COMPLETED COPY FOR SUBMISSION WITH THE RENEWAL.

**PLEASE CONTINUE BELOW FOR QUALIFIED RETIRED LAW ENFORCEMENT OFFICER APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM**



# MARYLAND STATE POLICE

## Licensing Division

### Qualified Retired Law Enforcement Officer Application For Certification to Carry a Concealed Firearm 18 U.S.C. 926C



Failure to complete the application completely will result in a disapproved Application

<b>OPENING</b>	<input type="checkbox"/> Initial Application			<input type="checkbox"/> Renewal Application			<input type="checkbox"/> Replacement Application			<input type="checkbox"/> Active Duty			<input type="checkbox"/> Retired						
	Complete all information as requested. Incomplete or incorrect information will cause a delay in the issuance of a State of Maryland Law Enforcement Officer Safety Act (LEOSA) Card. If your retirement is as a result of service with more than one agency, list the most recent agency in the area provided followed by a listing of all other agencies with which you earned retirement credit on the attached form. Include full contact information for each agency.																		
<b>APPLICANT</b>	Applicant's Name (Last, First, Middle, SFX)						Address (MUST BE A MARYLAND ADDRESS – BUSINESS / PO BOX ADDRESSES NOT ALLOWED)												
	City			State			Zip Code			Date of Birth		Age		Place of Birth (City, State)					
	Sex		Race		Weight		Height		Hair Color		Eye Color		Home Phone No. (AREA CODE)			Cell Phone No. (AREA CODE)		Email Address	
	Driver's License No. (MUST BE A MARYLAND LICENSE)						State		Expiration Date		Current LEOSA Permit <input type="checkbox"/> Yes <input type="checkbox"/> No			Issuing Agency			Expiration Date		
	Social Security No.				Current Handgun Permit <input type="checkbox"/> Yes <input type="checkbox"/> No				State			Permit No.			Expiration Date				
<b>PREVIOUS LE EMPLOYMENT</b>	<b>1</b>	Law Enforcement Department's Complete Name (MOST RECENT)						Business Address											
		City			State			Zip Code			Business Phone No. (AREA CODE)			Total Service Time Yrs. Mo.					
	Law Enforcement Position Held – Must prove your position had statutory powers of arrest i.e.; Police Officer, State Trooper, Deputy Sheriff, Special Agent etc.												Dates of Service						
	<b>2</b>	Law Enforcement Department's Complete Name (NEXT MOST RECENT)						Business Address											
		City			State			Zip Code			Business Phone No. (AREA CODE)			Total Service Time Yrs. Mo.					
Law Enforcement Position Held – Must prove your position had statutory powers of arrest i.e.; Police Officer, State Trooper, Deputy Sheriff, Special Agent etc.												Dates of Service							
<b>ELIGIBILITY</b>	<b>APPLICANT MUST COMPLETE ACCURATELY BEFORE PROCEEDING</b>																		
	Did you retire in good standing from service with a government agency as a law enforcement officer, other than for reasons of mental instability?													<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Do you consider Maryland as your primary state of residence? Does not apply to Maryland State Police retirees.													<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Before retirement, were you regularly employed as a law enforcement officer for an aggregate of 15 years or more ( ) or did you retire after completing probation due to a service connected disability as declared by the agency you retired from ( )? Please check one.													<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Were you authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, AND did you have statutory powers of arrest?													<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Did your agency provide you with a retired law enforcement identification card displaying your photograph?													<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Did you receive a regular retirement or a special disability retirement not classified or described as a mental disability?													<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Did you retire in good standing without an open disciplinary or administrative action?													<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Do you have non-forfeitable rights to benefits under your agencies retirement plan?													<input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you answer NO to any of the above questions? If you answered NO to ANY question YOU DO NOT QUALIFY-STOP																			
<b>DECLARATION</b>	I do hereby declare and affirm under penalties of perjury that the contents of this application and all required attachments 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 Maryland State Police to conduct a criminal history, motor vehicle administrative and other necessary checks as part of this application process.																		
	Printed Name of Applicant					Signature of Applicant					Date								

# MARYLAND STATE POLICE

## Qualified Retired Law Enforcement Officer Application For Certification to Carry a Concealed Firearm

<b>APPLICANT MUST COMPLETE ACCURATELY BEFORE PROCEEDING</b>		
I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with the Law Enforcement Officers Safety Act (LEOSA) of 2004, Title 18 U.S.C. 926C, I must satisfy certain basic criteria. My satisfaction of the certification criteria will be based on my answers to questions posed below and throughout this application. <b>I also understand that the Department of State Police reserves the right to deny the issuance of the certification card when your status as an eligible retired law enforcement officer cannot be established.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that the definition of "firearm" does not include a machine gun, firearm silencer or destructive device.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 926C, does not give me any rights whatsoever to exercise law enforcement authority or take police action under any circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that I must carry the State of Maryland Law Enforcement Officers Safety Act of 2004 certification card, along with the photographic identification card issued by my agency upon retirement, when I carry the concealed weapon.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that my LEOSA certification issued pursuant to this application expires twelve months from my range date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have met the State of Maryland's standards for training and qualification for active law enforcement officers to carry a firearm of the same type as my concealed firearm taught by a Qualified Maryland Police Training Commission instructor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I retired in good standing from a public agency as a law enforcement officer. <b>Provide statute covering your position.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have been issued a photographic identification card produced by the agency I retired from indicating that I am a retired law enforcement officer. <b>A copy (front and back) must be provided with this application.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I currently have my primary residence in Maryland. Does not apply to retired Maryland State Police. MSP do not answer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I was authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, <b>AND</b> I had <b>statutory powers of arrest</b> . <b>Provide copy of statute.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Before retirement, I was regularly employed as a law enforcement officer for fifteen (15) or more years aggregated or I retired after completing probation due to a service connected disability as determined by the agency I retired from.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have a non-forfeitable right to benefits under my agency's retirement plan. <b>Provide copy plan or policy.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I understand that I cannot be under the influence of alcohol or another intoxicating or hallucinatory drug or substance, and I can not carry a firearm while under the influence of alcohol or another intoxicating or hallucinatory drug.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you answer <b>NO</b> to any of the above questions? If you answered <b>NO</b> to <b>ANY</b> question <b>DO NOT PROCEED - STOP</b>		
Do you currently possess a valid LEOSA Card issued by another department or are you currently a Law Enforcement Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you retire from your law enforcement agency for reasons of mental instability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prohibited by state or federal law from receiving a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been confined or committed to a mental institution by a court, board, commission or other lawful authority on a temporary or permanent basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you, for any mental or psychiatric condition, ever been attended to, treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you answer <b>YES</b> to any of the above questions? If you answered <b>YES</b> to any <b>ANY</b> question <b>DO NOT PROCEED</b>		
<b>DECLARATION</b>		
I do hereby declare and affirm under <b>penalties of perjury</b> that the contents of this application and all required attachments are true and correct to the best of my knowledge, information and belief, and I so indicate by signing below.		
Printed Name of Applicant <div style="background-color: gray; width: 100px; height: 15px;"></div>	Signature of Applicant	Date
<b>Subscribed and sworn to before me:</b>	<b>Notary Public:</b>	
	This	Day of 20
	<b>My Commission Expires:</b>	
		<b>Seal</b>

# MARYLAND STATE POLICE

## Qualified Retired Law Enforcement Officer Application For Certification to Carry a Concealed Firearm

### CONTINUATION SHEET

12. Applicant's Name [REDACTED]		43. Certification Number (MSP INTERNAL USE ONLY) [REDACTED]			
<b>PREVIOUS LE EMPLOYMENT</b>	<b>3</b>	Law Enforcement Department's Complete Name (NEXT MOST RECENT) [REDACTED]	Business Address [REDACTED]		
	City	State	Zip Code	Business Phone No. (AREA CODE)	Total Service Time
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Yrs. [REDACTED] Mos. [REDACTED]
	Law Enforcement Position Held – Must prove your position had statutory powers of arrest i.e.; Police Officer, State Trooper, Deputy Sheriff, Special Agent etc.				Dates of Service [REDACTED]
<b>PREVIOUS LE EMPLOYMENT</b>	<b>4</b>	Law Enforcement Department's Complete Name (NEXT MOST RECENT) [REDACTED]	Business Address [REDACTED]		
	City	State	Zip Code	Business Phone No. (AREA CODE)	Total Service Time
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Yrs. [REDACTED] Mos. [REDACTED]
	Law Enforcement Position Held – Must prove your position had statutory powers of arrest i.e.; Police Officer, State Trooper, Deputy Sheriff, Special Agent etc.				Dates of Service [REDACTED]
<b>ADDITIONAL INFORMATION</b>	Item	<b>APPLICANT - ADDITIONAL INFORMATION</b>			
<b>CERTIFICATION</b>	I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief and that I am a resident of the State of Maryland or a retired member of the Maryland Department of State Police and so indicate by signing below in the designated space.				
	Printed Name of Applicant [REDACTED]		Signature of Applicant		Date
	[REDACTED]		[REDACTED]		[REDACTED]
<b>MSP</b>	Printed Name and ID # of Handgun Permit Unit Commander		Date Received	Signature of Handgun Permit Unit Commander	
	[REDACTED]		[REDACTED]	[REDACTED]	



# MARYLAND STATE POLICE

Licensing Division

Qualified Retired Law Enforcement Officer Application  
For Certification to Carry a Concealed Firearm  
18 U.S.C. 926C



Failure to complete the application completely will result in a disapproved Application

## AUTHORIZATION FOR RELEASE OF INFORMATION TO OBTAIN A QUALIFIED RETIRED LAW ENFORCEMENT OFFICER APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM

Page 4 of 9

INSTRUCTIONS		APPLICANT GUIDANCE	
Applicant, this page is to be submitted with <b>EACH</b> application (Initial/Renewal/Replacement) to obtain a Maryland State Qualified Retired Law Enforcement Officer Certification to Carry a Concealed Firearm. Applications submitted without this form completed will be returned or disapproved.			
<b>THIS DOCUMENT IS REQUIRED UPON SUBMISSION OF EACH APPLICATION!</b>			
APPLICANT	<b>I</b> Applicant's Name (Last, First, Middle, SFX)		Address (MUST BE A MARYLAND ADDRESS – BUSINESS / PO BOX ADDRESSES NOT ALLOWED)
	City	State	Zip Code      Date of Birth      Age      Place of Birth (City, State)
	Sex	Race	Weight      Height      Hair Color      Eye Color
	Driver's License No. (MUST BE A MARYLAND LICENSE)	State	Expiration Date      Maryland Department of State Police IBM No.
	Social Security No.		
ACKNOWLEDGEMENT	<p>authorize the Department of Health and Mental Hygiene, or any other similar agency or department of another state, to disclose to the Department of State Police information limited to whether I suffer from a mental disorder as defined in <a href="#">§ 10-101(f)(2) of the Health--General Article</a> and have a history of violent behavior against anyone; or whether I have been confined for more than 30 consecutive days to a mental health facility as defined in <a href="#">§ 10-101 of the Health--General Article</a>.</p> <p>I acknowledge that this information will be used, solely as part of the investigation required by Title 5, Subtitle 3 of the Public Safety Article, Annotated Code of Maryland, to determine my eligibility to possess a regulated firearm in order to obtain a permit to carry a handgun. In the event that my application is disapproved, I acknowledge that this authorization and any information obtained via this authorization may be used in any proceeding relating to such disapproval.</p> <p>I further acknowledge that I may at any time, except to the extent that the Department of State Police has already taken action in reliance on it, revoke this authorization by submitting a request for revocation in writing. If not previously revoked, this authorization will terminate one year after the date I sign this application or upon notification to me of the denial of this application, whichever occurs first.</p>		
	DECLARATION	Applicant's Signature	
Printed Name of Applicant		Date	



# MARYLAND STATE POLICE

Licensing Division

Qualified Retired Law Enforcement Officer Application

For Certification to Carry a Concealed Firearm

18 U.S.C. 926C



Failure to complete the application completely will result in a disapproved Application

## CERTIFICATION OF PRIOR LAW ENFORCEMENT EMPLOYMENT

Page 5 of 9

OPENING		APPLICANT GUIDANCE	
		<p>Applicants, <b>other than retired members of the Maryland Department of State Police</b>, complete all information as requested. If your retirement is as a result of service with more than one agency, <u>a separate form must be submitted for each</u>. <b>It is your responsibility</b> to complete the applicant and agency portion of this form, submit the document to your previous law enforcement employer(s) for certification, recover it, and mail it, along with the related application documents <u>as one packet</u>, to the Maryland State Police Licensing Division at 1111 Reisterstown Road, Pikesville, Maryland 21208. Upon receipt, the Maryland State Police will review and verify the information provided and process your application accordingly. Incomplete or incorrect information will cause a delay in the issuance of a State of Maryland Law Enforcement Officer Safety Act (LEOSA) Card. False information may lead to your arrest or permanent denial.</p> <p><b>THIS DOCUMENT IS REQUIRED UPON SUBMISSION OF THE INITIAL APPLICATION ONLY!</b></p>	
APPLICANT	Applicant's Name (Last, First, Middle, SFX)		Address <b>(MUST BE A MARYLAND ADDRESS – BUSINESS / PO BOX ADDRESSES NOT ALLOWED)</b>
	City	State	Zip Code      Date of Birth      Age      Place of Birth (City, State)
	Sex	Race	Weight      Height      Hair Color      Eye Color
	Home Phone No. (AREA CODE)	Cell Phone No. (AREA CODE)	Email Address
Driver's License No. <b>(MUST BE A MARYLAND LICENSE)</b>		State	Expiration Date
Social Security No.			
AGENCY	1	Law Enforcement Department's Complete Name <b>(MOST RECENT)</b>	Business Address
	City	State	Zip Code      Business Phone No. (AREA CODE)      Total Service Time
	Law Enforcement Position Held – <b>Must prove your position had statutory powers of arrest i.e.; Police Officer, State Trooper, Deputy Sheriff, Special Agent etc.</b>		Dates of Service
ELIGIBILITY	<p><b>THIS SECTION TO BE COMPLETED BY FORMER EMPLOYER</b></p> <p>THE SUPERINTENDENT OF STATE POLICE, CHIEF OF POLICE, SHERIFF OR THE CHIEF LAW ENFORCEMENT OFFICER WILL CERTIFY THE ABOVE PORTION OF THIS DOCUMENT AND COMPLETE THE BELOW QUESTIONS OF THE RETIRED LAW ENFORCEMENT OFFICER'S APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM.</p>		
	Did the applicant retire in good standing from service with your public agency as a law enforcement officer, other than for reasons of mental instability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the applicant authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, and did he or she have statutory powers of arrest?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Before retirement, was the applicant regularly employed as a law enforcement officer with your agency for the months of service provided above or did he/she retire after completing probation due to a service connected disability as declared by the agency he or she retired from?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did your agency provide the applicant with a retired law enforcement identification card displaying his/her photograph?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the applicant retire in good standing without an <u>open</u> disciplinary or administrative action?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant receive a regular retirement or a special disability retirement not classified or described as a mental disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DECLARATION	I indicate by my signature below, as a chief law enforcement officer of the agency which employed the retired law enforcement officer listed on this application that the applicant, to the best of my knowledge, provided accurate information on this form and is not subject to any mentally incapacitating disabilities, or any disqualifying disabilities set forth in the Law Enforcement Officer Safety Act.		
	Printed Name of Superintendent, Chief of Police, Sheriff or Chief Law Enforcement Officer	Signature Superintendent, Chief of Police, Sheriff or Chief Law Enforcement Officer	Date



# MARYLAND STATE POLICE

## Licensing Division

Qualified Retired Law Enforcement Officer Application  
For Certification to Carry a Concealed Firearm  
18 U.S.C. 926C



Failure to complete the application completely will result in a disapproved Application

### CERTIFICATION OF PRIOR LAW ENFORCEMENT EMPLOYMENT

**FORMER MARYLAND TROOPERS ONLY THIS PAGE**

APPLICANT GUIDANCE													
OPENING	<p>Applicants, This page is to be used by <b>retired members of the Maryland Department of State Police</b> only. Complete applicant and agency information only. All other information will be obtained by members of the Licensing Division. If your retirement eligibility is as a result of service with more than one agency, <u>a separate form must be submitted for each</u>. It is your responsibility to complete the applicant and agency portion of this form and mail it, along with the related application documents <u>as one packet</u>, to the Maryland State Police Licensing Division at 1111 Reisterstown Road, Pikesville, Maryland 21208. Upon receipt, the Licensing Division will review and verify the information provided and process your application accordingly. Incomplete or incorrect information will cause a delay in the issuance of a State of Maryland Law Enforcement Officer Safety Act (LEOSA) Card. False information may lead to your arrest or permanent denial.</p> <p><b>THIS DOCUMENT IS REQUIRED UPON SUBMISSION OF THE INITIAL APPLICATION ONLY!</b></p>												
	Applicant's Name (Last, First, Middle, SFX)						Address (BUSINESS / PO BOX ADDRESSES NOT ALLOWED)						
	City			State			Zip Code		Date of Birth		Age	Place of Birth (City, State)	
	Sex	Race	Weight		Height	Hair Color		Eye Color		Home Phone No. (AREA CODE)		Cell Phone No. (AREA CODE)	Email Address
	Driver's License No.				State		Expiration Date		MDSP IBM No.				
	Social Security No.												
AGENCY	1	Law Enforcement Department's Complete Name (MOST RECENT)						Business Address					
	City			State			Zip Code		Business Phone No. (AREA CODE)		Total Service Time		
		Yrs.	Yrs.										
Law Enforcement Position Held – Must prove your position had statutory powers of arrest i.e.; Police Officer, State Trooper, Deputy Sheriff, Special Agent etc.													
Dates of Service													
ELIGIBILITY	<b>THIS SECTION TO BE COMPLETED BY FORMER EMPLOYER</b>												
	<b>THE SUPERINTENDENT OF STATE POLICE, OR HIS DESIGNEE WILL CERTIFY THE ABOVE PORTION OF THIS DOCUMENT AND COMPLETE THE BELOW QUESTIONS OF THE RETIRED LAW ENFORCEMENT OFFICER'S APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM.</b>												
	Did the applicant retire in good standing from service with your public agency as a law enforcement officer, other than for reasons of mental instability?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was the applicant authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, and did he or she have statutory powers of arrest?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Before retirement, was the applicant regularly employed as a law enforcement officer with the Maryland State Police for the months of service provided above or did he/she retire after completing probation due to a service connected disability as declared by the Maryland State Police he or she retired from?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Did your agency provide the applicant with a retired law enforcement identification card displaying his/her photograph?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Did the applicant retire in good standing without an <u>open</u> disciplinary or administrative action?											<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the applicant receive a regular retirement or a special disability retirement not classified or described as a mental disability?											<input type="checkbox"/> Yes <input type="checkbox"/> No		
DECLARATION	I indicate by my signature below, as a chief law enforcement officer or approved designee of the Superintendent of the Maryland Department of State Police that the applicant, to the best of my knowledge, provided accurate information and is not subject to any mentally incapacitating disabilities, or any disqualifying disabilities set forth in the Law Enforcement Officer Safety Act.												
	Printed Name of Superintendent, Chief of Police, Sheriff or Chief Law Enforcement Officer						Signature Superintendent, Chief of Police, Sheriff or Chief Law Enforcement Officer				Date		

# MARYLAND STATE POLICE

## Qualified Retired Law Enforcement Officer Application For Certification to Carry a Concealed Firearm

### MARYLAND STATE TROOPER'S REQUEST FOR RANGE DATE FORMER MARYLAND DEPARTMENT OF STATE POLICE EMPLOYEES ONLY

<b>OPENING</b>	<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application <input type="checkbox"/> Replacement Application <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired										
	<p>Former sworn members of the Maryland Department of State Police who have retired in good standing and who have not been excluded by responses to questions contained in this application should complete all applicable sections of this application and particularly this page if you desire to qualify with a member of the Maryland State Police who is a qualified instructor through the Maryland Police Training Commission (MPTC). Upon completion, please return this form along with the application and a check or money order, in the amount of \$8.00, made payable to the "Maryland State Police," to the Maryland State Police Licensing Division located at 1111 Reisterstown Road, Pikesville, Maryland 21208.</p> <p>You will be notified by a Maryland State Police Firearms Instructor of the date, time and location of your qualification course by a Maryland State Police Firearms Instructor assigned to your request. Federal law mandates that you qualify by Maryland standards for training and qualification for active law enforcement officers. These standards have been set by the Maryland Police Training Commission and must be provided by a Maryland Police Training Commission certified instructor. Particulars concerning the qualification requirements may be found in the Code of Maryland Regulations (COMAR) Title 12, Subtitle 04, Chapter 02, Section 11.</p>										
<b>APPLICANT</b>	Applicant's Name (Last, First, Middle, SFX)						Address				
	City			State	Zip Code		Age				
	Sex	Race	Weight	Height	Hair Color	Eye Color	Home Phone No. (AREA CODE)		Cell Phone No. (AREA CODE)	Email Address	
					Current LEOSA Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing Agency			Expiration Date		
	MDSP ID No.			Current Handgun Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		State		Permit No.	Expiration Date		
<b>WEAPON INFORMATION</b>	<b>1</b>	TYPE <input type="checkbox"/> Semi-Automatic Pistol <input type="checkbox"/> Revolver				Make		Model			
	Serial Number			Caliber	Round Capacity						
	<b>2</b>	TYPE <input type="checkbox"/> Semi-Automatic Pistol <input type="checkbox"/> Revolver				Make		Model			
	Serial Number			Caliber	Round Capacity						
	<b>LICENSING DIVISION USE ONLY</b>										
<b>MSP ONLY</b>	DATE RECEIVED					DATE RETURNED					
	RANGE LOCATION					DATE AND TIME OF RANGE DATE					

**APPLICANT MAIL TO:** Maryland State Police Licensing Division, HPU, 1111 Reisterstown Road, Pikesville, MD 21208



# MARYLAND STATE POLICE

Licensing Division  
**MARYLAND POLICE AND CORRECTIONAL TRAINING  
 COMMISSION FIREARMS QUALIFICATION**



## Documentation of Firearms Training for Retired Police Officers in Maryland

APPLICANT GUIDANCE									
<b>OPENING</b>	<p>Applicants, complete all information as requested. <b>It is your responsibility</b> to complete the applicant and agency portions of this form, submit the document to your certified Maryland Police Training Commission Firearms Instructor for certification, recover it <b>WHEN COMPLETED</b>, and mail it, along with the related application documents <u>as one packet</u>, to the Maryland State Police Licensing Division, Handgun Permit Unit at 1111 Reisterstown Road, Pikesville, Maryland 21208. False information may lead to your arrest or permanent denial.</p> <p style="text-align: center;"><b>THIS DOCUMENT IS REQUIRED UPON SUBMISSION OF THE APPLICATION PACKET!</b></p>								
<b>DECLARATION</b>	<p>I attest that the individual identified below successfully completed classroom instruction and weapon qualification as prescribed by the Law Enforcement Officers Safety Act (L.E.O.S.A.), Title 18, USC, Chapter 44, Section B, Sub-Section 926C – “Carrying of concealed firearms by qualified retired law enforcement officers” and adopted by the Maryland Police and Correctional Training Commission under the Code of Maryland Regulations (COMAR), Title 12, Subtitle 04, Chapter 02, Section .11 for annual training and Firearm Qualification for Certified Police Officers.</p>								
<b>APPLICANT</b>	Applicant's Name (Last, First, Middle, SFX)				Address <small>(MUST BE A MARYLAND ADDRESS – BUSINESS / PO BOX ADDRESSES NOT ALLOWED)</small>				
	City			State	Zip Code	Date of Birth	Age		
	Sex	Race	Weight	Height	Driver's License No. <small>(MUST BE A MARYLAND LICENSE)</small>		State	Expiration Date	
<b>AGENCY</b>	1 Law Enforcement Department's Complete Name <small>(MOST RECENT)</small>				Business Address				
	City			State	Zip Code	Business Phone No. <small>(AREA CODE)</small>			
<b>INSTRUCTOR USE ONLY</b>	Date of Firearms Training:				NOTES:				
	Date of Firearms Qualification:								
	Location of Firearms Training:								
	Location of Firearms Qualification:								
	MPCTC Course Approval No: P-								
	Firearm Type and Score:		Pistol	Day Fire: %	Revolver	Day Fire: %			
				Night Fire: %		Night Fire: %			
<b>DECLARATION</b>	<p>I am certified as a Firearms Instructor by the Maryland Police Training Commission.</p> <p>My Instructor Certification expires on: _____</p> <p>As an instructor, I am employed by (Agency / Department): _____</p> <p>I solemnly affirm under penalties of perjury that the foregoing is true to the best of my knowledge, information and belief.</p>								
	Printed Name of Certified Firearms Instructor				Signature of Certified Firearms Instructor			Date	



# MARYLAND STATE POLICE

## Licensing Division

Qualified Retired Law Enforcement Officer Application  
For Certification to Carry a Concealed Firearm  
18 U.S.C. 926C



*Failure to complete the application completely will result in a disapproved Application*

APPLICANT GUIDANCE		
OPENING	<p>The Maryland Department of State Police has been designated as the State of Maryland Qualified Retired Law Enforcement Officer Certification to Carry a Concealed Firearm point of contact. The Department of State Police attempts to provide Qualified Retired Law Enforcement Officer Certifications to Carry a Concealed Firearm for those <u>retirees</u> who are eligible. <b>The Department of State Police reserves the right to deny the issuance of the certification card when your status as an eligible retired law enforcement officer cannot be established.</b></p> <p>Unfortunately, numerous attempts have been made by persons who are not eligible under federal statute to obtain State of Maryland Qualified Retired Law Enforcement Officer Certifications to Carry a Concealed Firearm. As the number of attempts by individuals who are not eligible continue, so will our efforts to protect the rights afforded to you by the United States Government and earned through your dedication to the communities and citizens you served. The format of this application has become necessary to protect the program in Maryland and to ensure that only those legitimately eligible to receive authorization to carry a concealed firearm pursuant to statute are provided the opportunity.</p> <p>It is <u>your responsibility</u> to provide required material and documentation to support your request. The Maryland State Police <u>will not</u> conduct research on your behalf to prove your eligibility. Please use the below to ensure all required information is supplied along with your application.</p>	
	Supporting Documentation Required to Accompany Application	
	<input checked="" type="checkbox"/>	Item Description
	<input type="checkbox"/>	<b>Maryland Drivers License</b> Photocopy of applicants Driver's license required to be included with this Application. Non MSP require Maryland Drivers License.
<input type="checkbox"/>	<b>Out of State Driver's License (MSP)</b> MARYLAND STATE POLICE RETIREES <b>ONLY</b> . Photocopy required to be included with this Application.	
<input type="checkbox"/>	<b>Statutory Powers of Arrest</b> Photocopy of <u>statute supporting your position</u> possessed the statutory power of arrest to be included with this Application. MARYLAND STATE POLICE RETIREES - <b>NOT REQUIRED</b>	
<input type="checkbox"/>	<b>Letter from Chief Law Enforcement Officer of Retiring Agency</b> MUST BE CHIEF LAW ENFORCEMENT OFFICER OR HIGH RANKING DESIGNEE Utilizing the letter contained in this packet, or a suitable correspondence dated at the time of the initial Application, proof must be obtained of your previous employment and the meeting of statutory requirements and <b>MUST</b> be included with this Application.	
<input type="checkbox"/>	<b>Retired Law Enforcement Identification Card displaying photograph.</b> Photocopy of front and rear of RETIRED Identification card <u>ISSUED BY YOUR DEPARTMENT</u> must be included with this Application. <b>MUST INDICATE LAW ENFORCEMENT POSITION -NO BADGES OR LETTERS</b>	
<input type="checkbox"/>	<b>Retirement Plan</b> Photocopy of plan or policy showing non-forfeitable right to benefits under you agency's retirement plan.	
<input type="checkbox"/>	<b>Authorization of Release of Information</b> Form (Signed & Dated) must be completed and included with this Application.	
<input type="checkbox"/>	<b>Request for Range Date</b> MARYLAND STATE POLICE RETIREES <b>ONLY</b> . All others can complete and forward Maryland Police Training Commission Request form available on the State Police Web Site pursuant to instructions and forward to the Training Commission.	
<input type="checkbox"/>	<b>Documentation of Firearms Training</b> A completed Firearms Training/Qualification form must be included along with this Application. Please use form included in this packet.	
<input type="checkbox"/>	<b>Check for \$8.00</b> Made payable to the Maryland State Police. Bounced checks <b>will</b> result in a denial.	
<input type="checkbox"/>	<b>Completed Application Packet</b> Forms (Signed & Dated) and notarized where required. Please ensure all information is complete and accurate. Incomplete or inaccurate applications will be denied.	