



MARYLAND TRANSPORTATION AUTHORITY POLICE

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



	Initial Application	Renewal Application	MDTA Police Retiree	Non-MDTA Police Retiree					
Opening	Complete all information as requested. Incomplete or incorrect information will cause 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 all other agencies with which you earned retirement credit. Include full contact information for each agency. If you received retirement credit with more than two (2) agencies, attach additional sheet with the appropriate agency information.								
	Applicant's Name (Last, First, Middle, SFX)		Address (Must be a Valid 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.	Cell Phone	Email Address
	Driver's License Number		State	Expiration Date	Current LEOSA Permit		Issuing Agency		Expiration Date
Social Security No.		Current Handgun Permit?		State	Permit Number	Expiration Date			
		Yes	No						
Applicant	1		Law Enforcement Department's Complete Name (Most Recent)		Business Address				
	City	State	Zip code	Business Phone Number	Total Time of Service Years Months				
	Law Enforcement Position Held - Must prove your position had statutory powers of arrest i.e.: Police Officer, State Trooper, Deputy Sheriff etc.				Dates of Service to				
	2		Law Enforcement Department's Complete Name (Most Recent)		Business Address				
	City	State	Zip code	Business Phone Number	Total Time of Service Years Months				
Law Enforcement Position Held - Must prove your position had statutory powers of arrest i.e.: Police Officer, State Trooper, Deputy Sheriff etc.				Dates of Service to					
Previous LE Employment	APPLICANT MUST COMPLETE ACCURATELY BEFORE PROCEEDING								
	Did you retire in good Standing from service with a government agency as a law enforcement officer, other than for reason of mental instability?						Yes	No	
	Before separation, were you regularly employed as a law enforcement officer for an aggregate of 10 years or more or did you separate from service after completing probation due to a service connected disability as declared by the agency you separated from? <i>Answer YES if either apply.</i>						Yes	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?						Yes	No	
	Did your agency provide you with a retired law enforcement identification card displaying your photograph?						Yes	No	
	Did you receive a regular retirement or a special disability retirement not classified or described as a mental disability?						Yes	No	
	Did you retire in good standing without an <u>open</u> discipline or administrative action?						Yes	No	
	Do you have non-forfeitable rights to benefits under your agencies retirement plan?						Yes	No	
	Did you answer NO to any of the above questions? If you answered No to ANY question YOU DO NOT QUALIFY - ***STOP***								
	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 Transportation Authority Police to conduct a criminal history, motor vehicle administrative search and other necessary checks as part of this application process.								
Printed Name of Applicant				Signature of Applicant		Date			



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18 U.S.C. 926C



APPLICANT MUST COMPLETE ACCURATELY BEFORE PROCEEDING

Acknowledgement

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. I also understand that the Maryland Transportation Authority 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.

Yes No

I Understand that the definition of "firearm: does not include a machine gun, firearm silencer or destructive device.

Yes 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

Yes 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.

Yes No

I understand that my LEOSA certification issued pursuant to this application expires twelve month from my range date

Yes No

I have retired in good standing from a police agency as a law enforcement officer.

Yes No

I understand that I cannot be under the influence of alcohol or another intoxication or hallucinatory drug or substance and I cannot carry a firearm while under the influence of alcohol or another intoxicating or hallucinatory drug.

Yes No

If you answered NO to any of the above question DO NOT PROCEED!!!

Do you currently possess a valid LEOSA Card issued by another department or are you currently a law Enforcement Officer?

Yes No

Did you retire from your law enforcement agency for reasons of mental instability?

Yes No

Are you prohibited by state or federal law from receiving a firearm?

Yes No

Have you been convicted of any crimes?

Yes No

Have you been charged with any crime of Domestic Violence or have been named as a Respondent to a protection order?

Yes 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?

Yes 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?

Yes No

If you answered YES to any of the above questions ATTACH AN EXPLANATION!

Declaration

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.

Printed Name of Applicant

Signature of Applicant

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

Instructions

Applicant, this page is to be submitted with **EACH** application (Initial / Renewal) to obtain a Maryland State Qualified Retired Law Enforcement Officer Certification To Carry a Concealed Firearm. Any application submitted without this form will be **RETURNED and DISAPPROVED**

Applicant	Applicant's Name (Last, First, Middle, SFX)						Address (Must be a Valid 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 Number			State		Expiration Date						
	Social Security No.											

Acknowledgement

I, the above named Applicant, authorize the Department of Health and Mental Hygiene, or any other similar agency or department of another state, to disclose to the Maryland Transportation Authority Police Department information limited to whether I suffer from a mental disorder as defined in § 10-101(f)(2) of the Health -- General Article 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 § 10-101 of the Health--General Article.

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 relation to such disapproval

I further acknowledge that I may at any time, except to the extent that the Maryland Transportation Authority Police Department 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, which ever occurs.

Declaration

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.

Printed Name of Applicant	Signature of Applicant		Date
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CERTIFICATION OF PRIOR LAW ENFORCEMENT EMPLOYMENT

Opening	<p>Applicants, <i>other than retired members of the Maryland Transportation Authority Police Department</i>, must complete this form. If your retirement is as a result of service with more than one agency, a separate form must be submitted for each. It is your responsibility 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 deliver with the related application documents as one packet to the Maryland Transportation Authority Police Training Division. 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>												
	Applicant's Name (Last, First, Middle, SFX)						Address (Must be a Valid 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.		Cell Phone		Email Address		
	Driver's License Number				State	Expiration Date							
Social Security No.													
Applicant	1 Law Enforcement Department's Complete Name (Most Recent)						Business Address						
	City			State			Zip code		Business Phone Number		Total Time of Service Years Months		
	Law Enforcement Position Held - Must prove your position had statutory powers of arrest i.e.: Police Officer, State Trooper, Deputy Sheriff etc.									Dates of Service to			
Agency	THIS SECTION TO BE COMPLETED BY FORMER EMPLOYER												
	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.												
	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?										Yes	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?										Yes	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?										Yes	No	
	Did your agency provide the applicant with a retired law enforcement identification card displaying his/her photograph?										Yes	No	
	Did the applicant retire in good standing without an open disciplinary or administrative action?										Yes	No	
	Did the applicant receive a regular retirement or a special disability retirement not classified or described as a mental disability.										Yes	No	
Eligibility	<p>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.</p>												
	Printed Name of Agency Representative						Signature of Agency Representative				Date		
Declaration													



MARYLAND TRANSPORTATION AUTHORITY POLICE

MARYLAND POLICE AND CORRECTIONAL TRAINING

COMMISSION FIREARMS QUALIFICATION

DOCUMENTATION OF FIREARMS TRAINING FOR RETIRED POLICE OFFICERS IN MARYLAND



Retiree is responsible for the applicant and weapon portion of this form. All other fields will be completed by the appropriate personnel.

Declaration

I attest that the individual identified below completed the 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.

Applicant

Applicant's Name (Last, First, Middle, SFX)					Address (Must be a Valid 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 Number			State	Expiration Date

Weapon

W	Weapon Type - (Must be a state registered weapon) Semi-Automatic Revolver					Make		Model		
Serial Number				Caliber		Round Capacity				

INSTRUCTOR USE ONLY

A	Law Enforcement Department's Complete Name Maryland Transportation Authority Police				Business Address				
City			State		Zip code		Business Phone Number		

Date of Firearms Training and Qualification: _____

Location of Training and Qualification: _____

MPCTC Course Approval No(s): **P-** _____

Firearm Type and Score: Pistol:

Day Fire: _____ %

Night Fire: _____ %

Qualified:	YES
	NO

Notes:

I am Certified as a Firearms Instructor by the Maryland Police Training Commission and employed by the Maryland Transportation Authority Police. I solemnly affirm under penalties of perjury that the foregoing is true to the best of my knowledge, information and belief.

Printed Name of Firearms Instructor		Signature of Firearms Instructor		Date	
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18 U.S.C. 926C



LIABILITY WAIVER and RELEASE OF ALL CLAIMS

I, the undersigned, hereby request permission to participate in the Maryland Transportation Authority Police Firearm's Qualification Course for the purpose of qualifying with my personal firearm under the provisions of Title 18, Chapter 44, Section 926C of the United States Code. I understand that there are dangers inherent in this training, and I agree to assume all risks of injury to my person and property that may be sustained in connection with the stated and associated activities.

In consideration of being permitted to participate in the Maryland Transportation Authority's Police Firearm's Qualification Course, I, myself, my heirs, insurers, legal representatives and assigns, release and hold harmless the Maryland Transportation Authority Police and anyone associated with this firearms qualification and training from all claims, demands and causes of action for all damage, bodily injury or liability of any kind that might accrue to me or arise out of this activity. I hereby agree not to bring suit or other legal action, either State or Federal, based upon any claims against the Maryland Transportation Authority or its associates arising directly or indirectly from my participation in the Maryland Transportation Authority Police Firearms Qualification Course.

By signing this form below, I acknowledge that I have read and fully understand the terms of this Release. My agreement to this release and attendance and participation in this activity is done freely and voluntarily. If I am currently employed by the Maryland Transportation Authority, LEOSA qualification is performed without association.

Printed Name _____

Signature _____

Date _____