



**PRINCE GEORGE'S COUNTY POLICE DEPARTMENT
QUALIFIED RETIRED LAW ENFORCEMENT OFFICER
APPLICATION FOR CERTIFICATION
TO CARRY A CONCEALED FIREARM**

Name: _____
(First) (Last) (M.I)

Home Address: _____
(Street) (State) (Zip code)

Telephone Number: _____ **DLN:** _____
(Area Code)

E-mail Address (Optional): _____

Date of Birth: __/__/__ **Sex:** _____ **Race:** _____ **Height:** _____ **Weight:** _____

Eye Color: _____ **Hair:** _____

Affidavit

(Initials)

_____ I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with 18 U.S.C. 926C, (HR-218) I must satisfy certain basic criteria. My satisfaction of the certification criteria will be established based on my answers to these questions.

_____ The law enforcement agency from which I retired, has issued me a photographic identification.

_____ I retired in good standing from a public agency as a law enforcement officer.

_____ The agency I retired from is the Prince George's County Police Department, which is located at 7600 Barlowe Road, Palmer Park, Maryland 20785.

_____ My retirement date was _____.

_____ I did not retire for reasons of mental instability.

___ 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, and I had statutory powers of arrest.

___ Before retirement, I was ***either*** (check 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 have a non-forfeitable right to benefits under my agency's retirement plan.

___ **I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.**

___ I am not prohibited by state or federal law from receiving or possessing a firearm.

___ I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.

___ I must comply with 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.

___ I understand that I must carry the Prince George's County certification card, along with the photographic identification issued by my agency, when I carry the concealed weapon.

___ I understand that my certification expires twelve months from its issue date.

___ **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.**

I do hereby declare and affirm under the penalties or perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief and I so indicate by signing below in the designated space.

Applicant signature

Date

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of _____ 20____.

My Commission Expires _____