



Fernandina Beach Police Department H.R. 218 LEOSA Form

TO BE COMPLETED BY FBPD ONLY		
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	
<input type="checkbox"/> Records Check	Date: _____	By: _____
<input type="checkbox"/> FI Card Check	Date: _____	By: _____
Pass: <input type="checkbox"/>	Fail: <input type="checkbox"/>	Date: _____ Instructor: _____

Last Name: _____ First Name: _____ Middle Name: _____		
Address: _____ _____		
Sex: ____	Race: ____	DOB: _____ Height: _____ Weight: _____ Eye: ____ Hair: ____
Phone Number: _____		Email Address: _____
Driver License Number: _____		State: _____ Exp. Date: _____
Agency Retired From: _____		Retired Date: _____

FIREARM INFORMATION		
Type:	<input type="checkbox"/> Revolver	<input type="checkbox"/> Semi-Auto
Make:	Model:	Serial Number:

1. Have you ever been LEOSA certified by the Fernandina beach Police Department before? Yes No
2. Have you ever been served with an EX parte Order or protection order for domestic violence? Yes No
3. Have you ever been charged with, or arrested for, or convicted of any violation of criminal law? Yes No
4. Did you retire for reasons of mental instability? Yes No
5. have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent status? Yes No
6. Have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary confinement, for any mental or psychiatric condition? Yes No
7. Are you addicted to or have been addicted to alcohol, or any controlled dangerous substances, or dangerous substances: or are you currently being treated for alcoholism, addiction to controlled dangerous substances, or addictions to any dangerous substances or drugs? Yes No

On attached continuation form, include the following:

- A. If you answered yes to any of the above questions, please provide a detailed explanation of each (except #1).
- B. Give full detail of prior denial, suspension, revocation, or termination of your handgun permit, license, certification, or registration.
- C. You are required to report on the continuation if you are on parole, probation, or mandatory supervision.

