

Fernandina Beach Police Department H.R. 218 LEOSA Form

TO BE COMPLETED BY FBPD ONLY NEW RENEWAL					
Records Check	Date:	By: _			
☐ FI Card Check	Date:	By: _			
Pass: Fail: Date: Instructor:					
Last Name:			le Name:		
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: Revolver Semi	Auto	WIATION			
-	odel:	Serial Nur			
1. Have you ever been LEOSA certiff 2. Have you ever been served with ar 3. Have you ever been charged with, 4. Did you retire for reasons of menta 5. have you ever been confined or co- observation for a mental or psychiatr 6. Have you ever been attended, treat or institution, including voluntary co- 7. Are you addicted to or have been a dangerous substances: or are you cur dangerous substances, or addictions t	n EX parte Order or protection or arrested for, or convicted of all instability? mmitted to a mental institution of a temporary of the condition on a temporary of the condition of any median finement, for any mental or addicted to alcohol, or any corrently being treated for alcohol.	n order for domestic of any violation of cr. on or hospital for trea or permanent status? cal doctor, psychiatris psychiatric condition ntrolled dangerous su olism, addiction to co	violence? iminal law? tment or st, hospital, ? bstances, or	Yes No Yes No Yes No Yes No Yes No Yes No 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.

Affidavit

NAME:		
LAST	FIRST	MIDDLE
Before Retirement (Check One) I was regularly employed as a law en I retired after completing probation d retired from.	The state of the s	
Please read and initial next to each of	the below statements that p	ertain to you:
I understand that in order to carry enforcement officer in accordance with t U.S.C. 926C, I must satisfy certain basic established based on my answers to these I was authorized to engage in or s prosecution of or incarceration of any pe of arrest I am not under the influence of alc substance, and I will not carry a firearm intoxicating or hallucinatory drug or substance, and I will not carry a firearm intoxicating or hallucinatory drug or substance, or destructive device I understand that the definition of silencer, or destructive device I understand that I must carry the agency you retired from I understand that if I am convicted DUI, or served with an EX Parte Order, I training for the Fernandina Beach Police I understand my LEOSA certificated date on the back of the card I understand that the Law Enforceme any rights whatsoever to exercise Law circumstances. I do hereby declare and affirm under penaltic correct to the best of my knowledge, informational manual destand by signing this form, I agree to all criminal history and motor vehicle administration.	the Law Enforcement Officer criteria. My satisfaction of the criteria. My satisfaction of the questions. Supervise the prevention, determined the prevention of law cohol or other intoxicating of while I am under the influent stance. Federal law from carrying a factor of Firearm does not include an LEOSA card along with my did with a felony, a crime of via will immediately report the Department. The tion expires twelve (12) more than the province of the provi	rs Safety Act of 2004, 18 the certification will be ention, investigation, or y, and I had statutory powers r hallucinatory drug or ce of alcohol or other Grearm. retirement id issued by the colence, or more than one (1) e incident to the director of oths from the certification S.C. 18 926C, does not give take police action under any of this application are true and the by signing below. I ce Department to conduct a
Retiree Signature		Date
Subscribed and sworn before me:		
Notary Public:		
This Day of	2	