

MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS



**THE LAW ENFORCEMENT OFFICERS SAFETY ACT
TITLE 18, U.S.C., CHAPTER 44, SECTION B, SUB-SECTION 926C**

Guide for filling out Application / Affidavit and Registration Form

The attached Application / Affidavit (4 pages) and Registration Form (1 page), **MUST** be filled out in their entirety and brought with you when you attend L.E.O.S.A. training at the Maryland Police and Correctional Training Commissions.

The Application / Affidavit **MUST BE NOTARIZED** and will become a permanent legal record to be kept at the Training Commission.

All questions on the Affidavit should have a “yes” answer.

Should you answer “no” to any of the questions on the affidavit, you will be ineligible to receive the concealed carry certification under current L.E.O.S.A. law.

The Registration Form is self explanatory and should include a **CHECK or MONEY ORDER ONLY** in the amount of \$50.00 made payable to MPCTC.

You must bring the following items with you as well:

1. A copy of the photographic identification card issued to you by your former agency (front and back if applicable).
2. A copy of your MD. Driver's License.
3. If you are a **first time trainee** here at the Commission, you **MUST** bring with you proof of your Statutory Powers of Arrest.

NOTE: WITHOUT THESE ITEMS, TRAINING & CERTIFICATION WILL NOT BE CONDUCTED!

MARYLAND POLICE AND CORRECTIONAL TRAINING
COMMISSIONS



APPLICATION FOR CERTIFICATION TO CARRY A CONCEALED FIREARM

THE LAW ENFORCEMENT OFFICERS SAFETY ACT
TITLE 18, U.S.C., CHAPTER 44, SECTION B, SUB-SECTION 926C

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

Home Address : _____
(Street) (City / County)

(State) (Zip Code)

Telephone Number: _____ E-Mail Address: _____

Maryland Drivers License: _____
(License Number) (Expiration)

Date of Birth: ___ / ___ / ___ Sex: ___ Race: ___ Height: ___ Weight: ___

Eye Color: _____ Hair: _____

The remainder of this application is an Affidavit consisting of questions to be answered by the applicant concerning the Federal regulations for eligibility to carry a concealed firearm under the Law Enforcement Officers Safety Act, 926C, - "Carrying of a concealed firearm by qualified retired / separated law enforcement officers". This form **MUST** be notarized and sworn to and will become a permanent legal record at the Maryland Police and Correctional Training Commissions.

Affidavit
(Indicate Yes or No)

_____ I understand that in order to carry a concealed firearm as a qualified retired / separated law enforcement officer in accordance with 18 U.S.C. 926C, I must satisfy certain basic criteria. My satisfaction of the certification criteria WILL be based on my answers to the following questions.

_____ The law enforcement agency from which I retired / separated has issued me a photographic identification. A copy of this photographic identification is attached to this application.

_____ I retired / separated in good standing from service with a public agency as a law enforcement officer.

_____ I do reside in the state of Maryland and possess a valid Maryland driver's license. A copy of this license is attached to this application.

_____ The agency I retired / separated from is _____
(Agency),

which is located in _____ (City), _____ (State).

_____ My Entrance of Duty (E.O.D.) date for the above agency was _____
and my retirement / separation from duty date was _____.

_____ I did not retire / separate from duty for reasons of mental instability. I have never been found by a qualified medical professional either private or agency employed, to be unqualified for reasons relating to mental health issues. I am not currently, nor have I ever been institutionalized or under a doctor's care for any mental health related issues.

_____ I did not retire / separate from duty due to any pending investigation or disciplinary action.

_____ During my service prior to retiring / separating as a law enforcement officer for (Agency) _____, I was authorized by law 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 did possess statutory powers of arrest.

_____ Before my retirement / separation from duty, I was *either* (check one):

_____ regularly employed as a law enforcement officer for an aggregate of ten (10) or more years and retired / separated in good standing, or

_____ I retired / separated from service with such agency, after completing any applicable probationary period of such service, due to a service-connected (LOD) disability, as determined by such agency.

_____ **I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance, and 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 a firearm.

_____ I understand that the term "Firearm" as described in the LEOSA law does not include any sub machine gun, firearm silencer or destructive device.

_____ I understand that the concealed firearm I carry **MUST** be of the same "type" of firearm with which I qualified.

_____ I understand that I must carry the firearm certification issued to me by the Maryland Police and Correctional Training Commissions along with the photographic identification issued to me by my former agency **at all times when carrying the concealed weapon.**

_____ I understand that my certification to carry a concealed firearm under 18 U.S.C. 926C (LEOSA) expires twelve (12) months from its issue date. To continue my right to carry a concealed firearm, I must re-qualify and complete the mandated training prior to the noted expiration date on my certificate. Failure to complete this training and re-qualification to a satisfactory standard will result in my inability to carry a concealed firearm under the LEOSA law.

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. Any action I take, I take as a citizen with the understanding that I may be prosecuted to the fullest extent of the law both criminally and civilly should my actions be determined by a court of law to be in violation of State Law.

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 I so indicate below by affixing my signature in the designated space.

Applicant Signature

Date

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of _____ 20_____

My Commission Expires: _____



Maryland Police and Correctional Training Commissions

Registration Form

Program: Law Enforcement Officers Safety Act (LEOSA)

Date: _____

Location: Maryland Police and Correctional Training Commissions, Firearms Training Facility, 7320 Slacks Road, Sykesville, Maryland 21784

Registration Fee: \$50.00 Per Person/Non-Refundable

REGISTRATION INFORMATION: PLEASE PRINT OR TYPE ALL INFORMATION

NAME: _____

ADDRESS: _____

DATE OF TRAINING _____

TELEPHONE: _____

PAYMENT INFORMATION:

Registration fee \$50.00 Per Person, NON-REFUNDABLE

Make CHECK or MONEY ORDER payable to:

Maryland Police & Correctional Training Commissions