

Department of Police Montgomery County, Maryland MCP 322 08/24

LEOSA Retiree Registration Form

			Q	ualification Date & Time:		_/	
Records Endorse:	🗆 Yes 🔲 No	Date:	Ву:		ID#:		
IAD Endorse:	🗆 Yes 🛛 No	Date:	Ву:		ID#:		
PSTA Director Endors	e: 🗆 Yes 🗌 No	Date:	Ву:		ID#:		
Current Handgun Permit: Ves No If Yes: State:							
Driver's License Num	ber:		State:	Expirat	ion Date:		
NAME:	F	irst	Middle	RETIREMENT DATE:			
ADDRESS:							
Stree		City	State	County	Zip Code		
Gender: 🗌 M 🔲	F Race:	DOB:		/gt: Eye Color:	Hair Colo	r:	
Phone:			Ema	ail:			
Ноте		Other	-				
1. Have you ever bee	n LEOSA certified by tl	ne Montgomery (County, Maryland, Depa	artment of Police ?			
2. Have you ever bee agency ?	n denied LEOSA certifi	cation by the Mo	ntgomery County, Mar	yland, Department of Police c	or any other	ΠY	
3. Did you retire from	the Montgomery Cou	unty, Maryland, D	epartment of Police in	good standing ? If Yes, go to c	uestion #4.	ΠY	
4. Did you retire for r	easons of a mental or	emotional disord	er ?			ΠY	ΠN
	n the Montgomery Cou ninistrative action/inve		epartment of Police in	good standing without an ope	en	ΠY	□N
6. Did the Montgome card displaying you		Department of Po	blice provide you with a	a retired law enforcement ide	ntification	ΠY	□N
7. Have you ever bee	n served with an ex-pa	arte or protection	order for domestic vio	lence ?		ΠY	
•		•	ed of any violation of c			ΠY	
-	n confined or commit ric condition on a tem			pital for treatment or observa	tion for a	ПΥ	□N
			d, or observed by any r ental or psychiatric co	nedical doctor, psychiatrist, ho ndition ?	ospital,	ΠY	ΠN
	you currently being tr			angerous substances, or dang olled dangerous substances, c		ΠY	ΠN

*Use Page #2 for Additional Comments

USE THE RETIREE COMMENT SECTION FOR THE FOLLOWING:

A. Except for #5 and #6, if you answered YES to any of the above questions, please provide a detailed explanation of each.

B. Give full details of prior denial, suspension, revocation, or termination of your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction.

C. You are required to report on the continuation sheet if you are on parole, probation, or mandatory supervision.

RETIREE COMMENTS

ENDORSER NOTES

NOTE:

- Your application must be received at least thirty (30) days in advance but no sooner than sixty (60) days prior to your qualification date. Because your application goes through a background check, it cannot be processed sooner than sixty (60) days prior to your attendance.
- You may register for a class at any time you wish but are asked not to mail in your application prior to the (60) sixty-day mark.
- Once approved by records, it will be sent to IAD (if applicable) for approval and then returned to the PSTA for final administrative approval.
- If the above steps are not completed before the qualification date you will be rescheduled or asked not to attend.
- You will <u>only</u> be contacted if there is an issue with your application.
- Please do not email the PSTA to check on the status of your application.

AFFIDAVIT

Name:			
	Last	First	Middle
Refore Re	etirement: (check one)		
	regularly employed with the N egated.	Montgomery County Police L	Department as a law enforcement officer for ten (10) or more years
□ I retir	ed after completing probation	ı due to a service-connected	d disability as determined by the agency I retired from.
Please rea	ad and <u>initial</u> next to each of t	the below statements:	
	Enforcement Officers Safety		a qualified retired law enforcement officer in accordance with the Law 6C, I must satisfy certain basic criteria. My satisfaction of the certification ese questions.
		e in or supervise the preventind I had statutory powers of a	tion, detection, investigation, or prosecution of, or incarceration of any persor arrest.
	_ I have non-forfeitable right	ts to benefits under my agen	ncy's retirement plan.
			oxicating or hallucinatory drug or substance, and I will not carry a firearm intoxicating or hallucinatory drug or substance.
	_ I am not prohibited by stat	te or federal law from receivi	ving a firearm.
	_ I understand that the defin	nition of a firearm does not in	include any machine gun, firearm silencer, or destructive device.
	 I understand that I must ca concealed weapon. 	arry my Montgomery County	y LEOSA card along with my photo ID issued by my agency when I carry a
	_ I understand that my LEOS	A certification expires twelv	ve (12) months from its issue date.
			y Act of 2004, 18 U.S.C. 926C, does not give me any rights whatsoever to ion under any circumstances.
knowledge County, M	e, information, and belief, and Naryland, Department of Police	d I so indicate by signing belo e to conduct a criminal histor	e contents of this application are true and correct to the best of my ow. I understand that by signing this form, I agree to allow the Montgomery ory and motor vehicle administration check as part of this application process. ty, Maryland Department of Police.
	Retiree Signature		Date

RETURN COMPLETED & NOTARIZED FORM TO:	NOTARY		
MCPD Records Management Division ATTN: LEOSA 100 Edison Park Drive Gaithersburg, Maryland 20878	Subscribed and sworn to before me: Notary Public This day of20 My Commission Expires:		