



### LEOSA Retiree Registration Form

Qualification Date & Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Records Endorse:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_ ID#: \_\_\_\_\_

IAD Endorse:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_ ID#: \_\_\_\_\_

PSTA Director Endorse:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_ ID#: \_\_\_\_\_

Current Handgun Permit:  Yes  No If Yes: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NAME: \_\_\_\_\_ RETIREMENT DATE: \_\_\_\_\_  
*Last First Middle*

ADDRESS: \_\_\_\_\_  
*Street City State County Zip Code*

Gender:  M  F Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
*MM/DD/YYYY*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*Home Other*

1. Have you ever been LEOSA certified by the Montgomery County, Maryland, Department of Police ?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Have you ever been denied LEOSA certification by the Montgomery County, Maryland, Department of Police or any other agency ?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Did you retire from the Montgomery County, Maryland, Department of Police in good standing ? If Yes, go to question #4.	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Did you retire for reasons of a mental or emotional disorder ?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Did you retire from the Montgomery County, Maryland, Department of Police in good standing without an open disciplinary or administrative action/investigation ?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Did the Montgomery County, Maryland, Department of Police provide you with a retired law enforcement identification card displaying your photograph ?	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Have you ever been served with an ex-parte or protection order for domestic violence ?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Have you ever been charged with, arrested for, or convicted of any violation of criminal law ?	<input type="checkbox"/> Y <input type="checkbox"/> N
9. Have you ever been confined or committed to a mental health institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis ?	<input type="checkbox"/> Y <input type="checkbox"/> N
10. Are you currently or have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution; including voluntary commitment, for any mental or psychiatric condition ?	<input type="checkbox"/> Y <input type="checkbox"/> N
11. Are you addicted to or have you ever been addicted to alcohol, any controlled dangerous substances, or dangerous substances; or are you currently being treated for alcoholism, addiction to controlled dangerous substances, or addiction to any dangerous substances ?	<input type="checkbox"/> Y <input type="checkbox"/> N

Function Code: 0322  
CALEA: None  
Proponent Unit: Training and Education Division

\*Use Page #2 for Additional Comments



