

## APPLICATION FOR ENROLLMENT Retired Officer Firearms Qualification



Please complete this form and forward to the Training Center

RETIRED OFFICER FIREARMS QU	UALIFICATION			
(COURSE TITLE)	(COURSE TITLE) (DATE OF QUALIFICATION)			
You must enclose a copy of your owner you submit it to the Training	driver's license and a photo l g Center. If shoot is not held a	i.D. from the	e agency you retired from with this for no paperwork needs submitted to NLE	
NAME	RANK AT RETIRE	EMENT	AGENCY RETIRED FROM	
If qualifying at the Training Center, yo	ou must submit a \$75.00 fee b	y cash or ch	eck or credit card.	
I	certify that I am a qualified	retired law ε	enforcement officer in good standing	
(Printed Name) from service with a public agency as reasons of mental instability. I have			Chapter 44 § 926C other than for d prohibit me from possessing a firearm.	
SIGNATURE: (MUST BE SIGNED)		DATE:		
HOME ADDRESS:		(Street Number)		
		(City, State and Zip Code)		
TELEPHONE:	(Area Code and Number)			
BIRTHDATE:		_		
(Firearms Instructor use only	ly)			
FIREARMS INSTRUCTOR:			(PRINTED NAME)	
FIREARMS INSTRUCTOR:			(SIGNATURE)	
INSTRUCTOR AGENCY:				
Address		(Street Number)		
		(City, State and Zip Code)		
		_ (instructo	or email address)	
SCORE:	WEAPON	:		
(Individual qualifying)	WEAPON	(semi-au	uto or revolver)	