

## APPLICATION FOR ENROLLMENT Retired Officer Firearms Qualification



Please complete this form and forward to the Training Center

RETIRED OFFICER FIREARMS QUALI	FICATION		
(COURSE TITLE)		(DATE OF QUALIFICATION)	
		the agency you retired from with this fo , no paperwork needs submitted to NLE	
NAME	RANK AT RETIREMENT	AGENCY RETIRED FROM	
If qualifying at the Training Center, you mu	ust submit a \$75.00 fee by cash or	check or credit card.	
	ertify that I am a qualified retired la	w enforcement officer in good standing	
(Printed Name) from service with a public agency as a law		C, Chapter 44 § 926C other than for buld prohibit me from possessing a firearm.	
SIGNATURE: (MUST BE SIGNED)	DATE:		
HOME ADDRESS:	(Street	(Street Number)	
	(City, S	state and Zip Code)	
TELEPHONE:	(Area Code and Number)		
BIRTHDATE:			
(Firearms Instructor use only)			
FIREARMS INSTRUCTOR:	NSTRUCTOR: (PRINTED NAME)		
FIREARMS INSTRUCTOR:	RMS INSTRUCTOR: (SIGNATURE)		
INSTRUCTOR AGENCY:			
Address	(Street	(Street Number)	
	(City, §	State and Zip Code)	
	(instru	ctor email address)	
SCORE:	WEAPON:		
(Individual qualifying)	(semi-	-auto or revolver)	