

STATE OF DELAWARE
DELAWARE STATE POLICE

RETIRED LAW ENFORCEMENT OFFICER APPLICATION
FOR CARRYING A CONCEALED DEADLY WEAPON
IN ACCORDANCE WITH THE LAW ENFORCEMENT OFFICERS' SAFETY ACT OF 2004
(LEOSA) [HR 218]

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

Home Address: _____
(Street)

(City) (State) (Zip)

Telephone Number: _____ Cell: _____
(Area Code) (Area Code)

E-Mail Address: _____

Driver's License#: _____ State Born In: _____

Date of Birth: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Eye Color: _____ Hair: _____ SSN #: _____

OFFICIAL USE ONLY:

Date: _____ Record: Yes _____ No _____

Warrants: _____ Rejected: Yes _____ No _____

Processed by: _____ Reason: _____

SBI #: _____ FBI #: _____

CCDW 11 DE CA 1441

CODE: _____ / _____

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Affidavit

(indicate
yes or no)

_____ I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with the Law Enforcement Officers' Safety Act of 2004 ("LEOSA"), 18 U.S.C. 926C, (HR 218), I must meet all established standards set forth by the State and Federal laws and regulations.

_____ I have read and understand the State of Delaware Department of Justice Law Enforcement Officers' Safety Act of 2004 Advisory.

_____ The DSP has issued me a retired photographic Identification.

_____ I retired from the DSP on _____, after serving _____ years of service, am in good standing, and qualify for a non-forfeitable pension under the DSP's retirement plan.

_____ I retired from the DSP on _____, after serving _____ years of service and retired under a service-connected disability after completing the probationary period with the DSP and qualify for a non-forfeitable pension under the DSP's retirement plan.

_____ I was authorized 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 had statutory powers of arrest.

_____ I did not retire for reasons of mental instability.

_____ 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 definition of "firearm" does not include any machine gun, firearms silencer or destructive device, including sawed-off shotguns.

_____ I understand that I must meet the State of Delaware's standards for training and qualifications for retired law enforcement officers to carry the firearm of the type, caliber and model listed on the **State of Delaware Retired Police Officer Concealed Weapons Qualification Notification** form.

_____ I understand that my certification expires twelve months from its issue date.

_____ I understand that I must carry the State of Delaware's certification, along with the photographic identification issued by DSP, when I carry the concealed weapon.

_____ I have read and understand the laws set forth by the State of Delaware pertaining to, but not limited to, “Deadly Force” and “Carrying a Concealed Deadly Weapon” and all other Delaware Laws pertaining to this application as set forth by the Attorney General’s Office.

_____ I have submitted to a criminal record check to confirm that I have not been convicted of any crime greater than a violation since the date of my retirement.

_____ I have not been committed to a psychiatric facility since my retirement.

_____ I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 26C, does not give me any rights whatsoever to exercise any law enforcement authority or take police action under any circumstances.

_____ I understand that the State of Delaware may restrict my ability to carry firearms on State or local property, including installations, buildings, bases, and parks.

_____ I assume all responsibility and liability for my actions while acting under the provisions established for LEOSA.

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 by signing below in the designated space.

Applicant signature

Date

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of _____, 20__.

My Commission Expires _____