

MISSOURI STATE HIGHWAY PATROL RETIREE CONCEALED WEAPON PERMIT APPLICATION

Retired Law Enforcement Officer Safety Act Request

APPLICANT'S NAME (Last, First, MI)	DATE OF BIRTH	ID NUMBER (Issued by Patrol Range Officer)
APPLICANT'S ADDRESS (Street, City, State, Zip)		TELEPHONE

The Law Enforcement Officer Safety Act of 2004 defines persons who are eligible to carry a concealed weapon. The following statements are included in this definition. Please read and initial each statement below to affirm that you meet the stated requirement.

	1. I am retired in good standing (other than reasons of mental instability).
	2. Prior to retirement, I had statutory powers of arrest.
	3. I was regularly employed as a certified peace officer for 15 years or more; or I retired with a service-connected disability after completing any probationary period.
	4. I have a nonforfeitable right to benefits under the agency's retirement plan.
	5. I am not under the influence of alcohol or another intoxicating / hallucinatory drug or substance.
	6. I am not prohibited by federal law from receiving a firearm.

I hereby acknowledge that I meet the aforesaid criteria as a retired uniformed member of the Missouri State Highway Patrol.

APPLICANT'S SIGNATURE	DATE	TIME
-----------------------	------	------

In addition to the federal mandated criteria, the applicant named above has submitted to a Purpose Code F Background Check and was found to be free of any prohibitions of possessing a concealable firearm in the State of Missouri.

RADIO OPERATOR PERFORMING CHECK	PRINT NAME (First MI Last)	BADGE	SIGNATURE	DATE	TIME
---------------------------------	----------------------------	-------	-----------	------	------

APPLICANTS ARE ALLOWED TO QUALIFY WITH ONLY ONE FIREARM

WEAPON - CALIBER	MODEL	MANUFACTURER	SERIAL NUMBER
------------------	-------	--------------	---------------

Section below completed by MSHP range officer

QUALIFICATION DATE	<input type="checkbox"/> Applicant Has Successfully Completed Firearms Training
--------------------	---

RANGE OFFICER'S VERIFICATION / COMMENTS

	RANGE OFFICER	PRINT NAME (First MI Last)	BADGE	SIGNATURE
--	---------------	----------------------------	-------	-----------