



Retire Officer Firearms Qualification Application

Instructions: All information must be completed by the retired officer prior to coming to the range (please print.)

Name: _____

Address: _____

City, State & Zip _____

Mailing Address (if different from above) _____

Phone Number: _____

Division retired from: _____

Date started with DPS: _____

Date retired from DPS: _____

Have you had a criminal or felony conviction since retirement form DPS? (Yes/No) _____

Is there any reason why you should not possess a concealed weapon under 18 USC 926C?

Make and Model of Weapon qualifying with: _____

For Official Use Only: Must be completed by the Range Safety Officer

Range Safety Officer verification / visual inspection of Retired Officers Identification Card:

Yes; No: Signature: _____

Valid Drivers License number and state of issuance (verification of Identification): _____

Yes; No: Signature: _____