



Initial LEOSA Certificate Application to Carry a Concealed Firearm

for retired law enforcement officers

Send Completed Application, Form(s), and Fee to this address: WSCJTC Fiscal Unit, 19010 1st Avenue South, Burien, WA 98148

Instructions

1. Enclose a check or money order made payable to **WSCJTC**. Note: If your application is denied a refund will not be issued.
2. Complete this application and return it to the address above. You must include a passport style photo, your Washington photo ID and a copy of your retired credentials.
3. At the WSCJTC Range the fee for new applicants is \$100, the new applicant fee not at WSCJTC is \$50.
4. **Please note:** If you do your qualification at a local gun range or PD and you use an instructor that has not had WSCJTC Handgun Level I or equivalent training within the last 3 years, your application **will not** be processed.

Select ONLY One from the options below:		Session Number/Qualification date:		
<input type="checkbox"/> New LEOSA at WSCJTC	<input type="checkbox"/> New LEOSA not at WSCJTC			
Last Name		First Name		Middle Initial
Date of Birth:		Contact Phone Number:		Social Security Number (Mandatory):
Home Address (Must be a WA State Resident)		City		State
Mailing Address (If different than physical)		Zip Code		
Prior Law Enforcement Agency		Agency City & State		
Position Held (Must prove your position had statutory powers of arrest, i.e. Police, Trooper, Deputy Sheriff, etc.)		Total Service Years		Date of Separation
		Years	Months	
A Law Enforcement Officer requesting LEOSA must meet the following eligibility requirements.				YES OR NO
Are you retired or separated in good standing from a service with a public agency as a law enforcement officer for reasons other than mental inability?				<input type="checkbox"/> <input type="checkbox"/>
Prior to your separation were you authorized by law to engage in or supervise the prevention, detection, investigation, prosecution, or incarceration of any person for any violation of law and had statutory powers of arrest?				<input type="checkbox"/> <input type="checkbox"/>
Before your separation, were you regularly employed as a law enforcement officer for an aggregate of 10 years or more of service, or were you separated from the agency due to a service-connected disability, as determined by such agency, provided that any applicable probation period had been completed prior to the separation?				<input type="checkbox"/> <input type="checkbox"/>
Are you under the influence of alcohol or other intoxicating or hallucinatory drug or substance?				<input type="checkbox"/> <input type="checkbox"/>
Are you prohibited by State Law from possessing a firearm?				<input type="checkbox"/> <input type="checkbox"/>
Are you prohibited by Federal Law from possessing a firearm?				<input type="checkbox"/> <input type="checkbox"/>
Do you possess a photographic identification issued by the law enforcement agency from which you are retired or separated?				<input type="checkbox"/> <input type="checkbox"/>
By initialing, I authorize the Washington State Criminal Justice Training Commission to conduct a background check with any governmental or law enforcement agency, which may include the release of any relevant information, files, or records.				Initials
FIREARMS TO CARRY (MAXIMUM 3 ALLOWED)				
Firearm 1-	Type- Semi Auto Pistol or Revolver	Make	Model and Caliber	Serial Number
Firearm 2-	Type- Semi Auto Pistol or Revolver	Make	Model and Caliber	Serial Number
Firearm 3-	Type- Semi Auto Pistol or Revolver	Make	Model and Caliber	Serial Number
I hereby declare and affirm under penalty of perjury that the contents of this application are true and correct to the best of my knowledge, information and belief, and that I am a resident of the State of Washington.				
Printed Name of Applicant		Signature of Applicant		Date
Printed Name of Firearms Instructor		Signature of Firearms Instructor		Qualification Date
FOR COMMISSION USE ONLY				
Certificate Issued: _____		APPROVED <input type="checkbox"/>	FISCAL OFFICE:	
ID Card Mailed: _____		DENIED <input type="checkbox"/>	RECEIVED: _____	Trans No.: _____
		Initials: _____	Payment Type: _____	Amount: \$ _____
		Date: _____		