

The University of Kansas
Kansas Law Enforcement Training Center
Hutchinson, Kansas

Qualified Law Enforcement Retiree/Separatee
Annual Firearms Qualification Application

This form shall be completed and submitted to the Kansas Law Enforcement Training Center by all applicants applying for participation in law enforcement retired/separated officer firearms qualification no later than 15 days prior to the scheduled date of the qualification attempt.

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|---|---|--------------|
| Applicant Information | Date of Upcoming Qualification Attempt: _____ | Box 1 |
| Last Name: _____ First Name: _____ MI: _____ | | |
| Home Address: Street: _____ | | |
| County: _____ City: _____ State: _____ Zip Code: _____ | | |
| Home/Cell Phone: _____ Email Address: _____ | | |
| Date of Birth: _____ (For identification purposes only) | | |

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|---|--------------|
| Credentialing Agency for Retired/Separated Officer | Box 2 |
| Agency Name: _____ | |
| Agency Address Street: _____ City: _____ | |
| State: _____ Zip Code: _____ | |
| Agency Phone Number: _____ <i>Agency Issued Retired/Separated ID Card is REQUIRED</i> | |
| Agency Contact Person Name: _____ | |
| Phone: _____ | |

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|------------------------------------|--|--------------|
| Weapon(s) Information | List the required information for each weapon with which you intend to qualify. You may only attempt qualification with two weapons on each qualification date. | Box 3 |
| Weapon #1 Make: _____ Model: _____ | | |
| Caliber: _____ | | |
| Weapon #2 Make: _____ Model: _____ | | |
| Caliber: _____ | | |

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| Certification | Box 4 |
| By signing below, I certify, under penalty of perjury, that I have retired or separated in good standing from a public agency as a law enforcement officer. I further certify that before retirement or separation, I was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest for an aggregate period of 10 years or more and meet all other requirements of the Law Enforcement Officers Safety Act (LEOSA) of 2010, 18 USC 926C, and have an identification card issued by an agency from which I retired or separated as required by the act. | |
| YOU MUST ATTACH A COPY OF YOUR AGENCY ISSUED RETIRED/SEPARATED ID CARD | |
| Applicant Signature _____ | Date _____ |

Return Completed form to: KLETC 11009 S Hornet Road Hutchinson, KS 67501 Contact us: 620-694-1449