

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.

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)

Credentialing Agency for Retired/Separated Officer

Box 2

Agency Name: _____
Agency Address Street: _____ City: _____
State: _____ Zip Code: _____
Agency Phone Number: _____ *Agency Issued Retired/Separated ID Card is REQUIRED*
Agency Contact Person Name: _____
Phone: _____

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: _____

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 P.O. Box 647 Hutchinson, KS 67504-0647 or fax to (620) 694-1420; Contact us: 620-694-1410