

Retired Officer Firearm Qualification Record and Acknowledgement



The retired Salinas Police Department Officer named below has successfully completed the standard qualification course of fire and is authorized to carry a concealed firearm of the type(s) indicated:

Qualification Date: _____

Retired Officer: _____

Semi-Automatic Pistol: _____

Mailing Address: _____

(Manufacturer, Model and Caliber of qualifying weapon)

Email Address: _____

Revolver: _____

Cell/phone number: _____

(Manufacturer, Model and Caliber of qualifying weapon)

ACKNOWLEDGEMENT

The information will be maintained in case his or her authorization is questioned in the future by another law enforcement agency.

I acknowledge that I understand the authorization to carry a concealed firearm granted by the Law Enforcement Officers Safety Act (LEOSA) of 2004 (H.R. 218) is solely for personal protection and does not grant any powers of law enforcement. In addition, I understand that the LEOSA card is valid only in combination with the Retired Officer ID Card issued by the Salinas Police Department. I understand the authorization is for the period of **one year** from the date of issue and that I must qualify again in order to continue to exercise the authorization to carry a concealed firearm in the United States outside the state of California.

Retired Officer's Signature: _____

Rangemaster Name / ID Number: _____

(please print)

(Rangemaster Signature)