

**Form 2**

**AFFIDAVIT**

Before retirement, I was *either* (choose one)

regularly employed as a law enforcement officer for **TEN ( 10 )** or more years aggregated

Or

retired after completing probation due to a service-connected disability as determined by the agency from which I retired.

I intent to fire: (choose one):  Revolver                       Semi-Automatic                       Both

Mark Yes or No	Yes	No
The law enforcement agency from which I retired issued me a photographic identification.	<input type="checkbox"/>	<input type="checkbox"/>
I retired in good standing as a law enforcement officer: Agency: <input type="text"/> City: <input type="text"/> State: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired for reasons of mental instability	<input type="checkbox"/>	<input type="checkbox"/>
I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for any violation of law, and I had statutory powers of arrest.	<input type="checkbox"/>	<input type="checkbox"/>
I have a non-forfeitable right to benefits under my agency's retirement pension plan	<input type="checkbox"/>	<input type="checkbox"/>
If you responded no to the above question, can you provide a letter (s) from each law enforcement agency you worked for showing an aggregate of <b>10</b> years of service and stating you left in good standing and the reason why you did not participate in a retirement system.	<input type="checkbox"/>	<input type="checkbox"/>
I affirm that I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance, or currently in drug or alcohol rehabilitation, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.	<input type="checkbox"/>	<input type="checkbox"/>
I affirm that I am not prohibited by Federal or State law from receiving a firearm.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the definition of "firearm" does not include any machine gun, firearm silencer, or destructive device.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I must carry the issued certification card, along with the photographic identification issued by my agency when I carry a concealed weapon.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my certification expires twelve months from the date of issue, and it is my responsibility to reapply if I wish to continue to carry under this law.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that this authorization applies only to the weapon-type with which I qualified.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that this certification does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.	<input type="checkbox"/>	<input type="checkbox"/>

**I swear or affirm under penalties of perjury that the information provided in this questionnaire is true to the best of my knowledge, information, and belief.**

**Print Name**

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**Signature**

**Date**