



The Nevada Sheriffs' and Chiefs' Association

Law Enforcement Officers Safety Act Retirement Qualification and Waiver

APPLICANT INFORMATION

Name: _____

Other Name(s) Used: _____

DOB: _____ Driver's License #: _____ D/L State _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Email address: _____

I, _____, attest that I meet the requirements
PRINT NAME
of the Law Enforcement Officers Safety Act.

I further attest that I have met the minimum service time and separated in good standing with
the _____ and am not prohibited
LAW ENFORCEMENT AGENCY NAME
by state or federal law from possessing firearms.

Retiree Applicant Signature

Nevada Law Enforcement Agency
Employee Receiving Application

FIREARM QUALIFICATION

Completed by Instructor

I am a qualified firearms instructor for:

Agency Name _____

OR

Business Name _____

On _____ at _____
DATE LOCATION OF QUALIFICATION

in _____ County, Nevada, the above applicant completed the Nevada
COUNTY NAME

Sheriffs' and Chiefs' Association-approved qualification course with a passing score of _____%.

Instructor Name _____
PRINT

Instructor Signature _____ Date _____