TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200 Austin, Texas 78723 - 1035 Phone: (512) 936-7700 http://www.tcole.texas.gov

Qualified Retired Firearms Certificate Texas Occupations Code §1701. 357

Non-refundable \$ 35 fee must be included. Money order or cashier's check only.

Submit PID Assignment form if TCOLE PID has not been issued. Call (512) 936-7700 if questions.

| | APPLICAN [*] | T INFORMATION | | |
|--|---|---|---|---|
| 1. TCOLE PID | 2. Last Name | 3. First Name | 4. M.I. | 5. Suffix (Jr., etc.) |
| 0.0.1.10:11 | | | | |
| 6. Date of Birth | 7. Home or Permanent Mailing Address | 8. City: | 9. State | 10. Zip Code |
| | | | | |
| 11. TX DL Number | 11. Phone Number (include area code) | 12. Ema | ail | |
| An annlicant mus | t be a qualified retired law enforceme | ant officer residing in | Tayas who is antiti | ed to carry a |
| | under 18 U.S.C. Section 926C. | in officer, residing in | Toxas, who is chill | cu to curry u |
| I am a: | | | | |
| ☐ Qualifie | d Retired Federal Officer (5117) | | | |
| ☐ Qualifie | d Retired Out-of-State Officer (5117) | | | |
| ☐ Qualifie | d Retired Texas Officer (5121) | | | |
| This is a(n); | | | | |
| ☐ Initial A | pplication (Firearms Proficiency expire | es 12 months from qua | lification month) | |
| ☐ Renewa | al / duplicate Application (Photo on file v | vill be used. Attach cur | rent certificate of firea | rms proficiency) |
| NOTE: Application | for renewal should be made 45 days pr | ior to renewal. Curren | t cards expiration date | <u> </u> |
| To qualify, an including subr | applicant for a Retired Officer Firearms Pro nission of: | ficiency Certificate must r | neet all proficiency requ | irements |
| (a) gover (b) ON reting the constant (a) the constant (b) the constant (c) the constant (b) the constant (c) | or notarized copies of the following docume vernment issued ID showing a current Texas ILY OUT OF STATE OR FEDERAL OFFIC ired or separated law enforcement officer. We an ID from the agency from which they se affidavit (located on page 2) stating: e officer honorably separated after not less the ore state, local, or federal law enforcement mmissioned law enforcement officer after convice-connected disability, as determined by a officer's license as a commissioned officer; service as a commissioned officer; a officer has no psychological or physical indgun; | s residence; ERS - government issued 18 USC 926(c) requires eparated. nan a total of 10 years of nt agencies; or separate empleting any applicable such agency; was not revoked or susp disability that would inte | s that a qualified law en service as a commission ed with less than 10 y probationary period of s pended for any period du erfere with the officer's | forcement officer ned officer with one officers of service as a such service, due to a suring the officer's term proper handling of a |
| | e officer is eligible to carry a firearm under Te firearms proficiency requirements for handg | | | |
| | t that I meet the requirements for issuance on-refundable \$35 fee . | f a Retired Officer Firear | ns Proficiency (1701.35 | 7 OC) and |
| I, the applicant, am fu information to be true | ally aware that this application is a government and correct. | ent document and, under | penalty of perjury, I decl | lare the foregoing |
| Signature of Applic | ant | Date | | |

CERTIFICATE OF FIREARMS PROFICIENCY

(Commission Rule §218.9(c)(1)

Applicant

| First Name | M.I. | Last Name | | | TCOLE PID |
|---|---|--|--|---|---|
| | | | | | |
| | | Firearms Ir | structor | | |
| First Name | M.I. Last Name | | | ☐ TCOLE Firearms Instructor | |
| | | | □ LTC Instructor # | | C Instructor # |
| Law Enforcement Agency/Busine | ess Nam | e | Mailing Address | | |
| City | County | ı | Zip Code | Telephone Number | |
| | | | | olophono riambol | |
| Range Location (if other than the | above a | address) | • | Date of | Qualification |
| | | | | | |
| I | | certify that the al | nove-named appl | icant has | s met the minimum |
| TCOLE Firearms Instructo | r/LTC Inst | cructor, certify that the ab | Dela SOLO O / | \/ 4 \ | Lead of Harden and Phase |
| Firearms proficiency requirem | nents as | established in Commission | on Rule §218.9 (d | c)(1) und | er the following conditions: |
| (1) B-27 or similar si | lhouette | target; | | | |
| (2) Combat scoring;(3) A minimum of 50 | rounds | : | | | |
| (4) Fired at ranges fi | rom poir | nt blank to at least 15 yard | ds with a least 20 | rounds | at or beyond seven yards; |
| (5) Including at least | | ned reload; and ntage of 70 (175 out of a p | ossible 250 for 5 | 0 rounde | |
| (0) Williamum passing | g percer | itage of 70 (175 out of a p | 00551DIE 250 101 5 | o rourius | o). |
| I am fully aware that this firea | | | overnment docur | ment and | d, under penalty of perjury, I |
| declare the foregoing informa | tion to b | e true and correct. | | | |
| | | | | | |
| Signature of TCOLE Firearms Instruc | ctor/LTC li | nstructor | | | Date |
| orginatare of 100EE 1 rearries mounds | J.(J.) [] | ion dotoi | | | Buto |
| | | Affida | • . | | |
| | | Alliua | avit | | |
| l, | | _, do swear or affirm that | | ements e | established in the Texas |
| I,Applicant Occupations Code \$1701 357 | 7 Wean | _, do swear or affirm that | I meet the require | | |
| Occupations Code §1701.357 | | _, do swear or affirm that | I meet the require | Officers a | and Federal Criminal Investigators |
| Occupations Code §1701.357 and Chapter 44, Title 18, Unit resident. I honorably retired a | ted State fter not | _, do swear or affirm that ons Proficiency for Certair es Code, Section 926C(c) less than a total of 10 yea | I meet the require Retired Peace C Qualified Retired ars of service as a | Officers a d Law Er a commis | and Federal Criminal Investigators of orcement Officers. I am a Texas oned peace officer with one or |
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PID ASSIGNMENT (C-1)

THIS FORM IS ONLY FOR RETIRED FEDERAL/OUT OF STATE OFFICERS

Completion of all fields required.

INDIVIDUAL INFORMATION 1. Social Security Number 2 . First Name 3 . M. I. 4 . Last Name 5 . Suffi x (J r., etc .) 9. Dri ver's License 6. Race / Ethnicity 7. Date of Birth 8. Gender State: ☐ American Indian or Alaskan Native □ Asian ☐ Black ☐ Hispanic ☐ Multicultural □ White ☐ Female Num.: 10. Home Mailing Address 11. City 12. State 13. Zip Code 14. Height 15. Weight 16. Hair Color 17. Eye Color 18. U.S. Citizen 19. Phone Number (include area code) 20. Email ☐ Yes ☐ No This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCOLE to the above named individual therein creating a TCOLE record and allowing training to be reported for that individual. Agency administrator or training coordinator check appropriate box for their student or employee. Applying for entry into a basic licensing course. Applicant has read and received a copy of §217.23 Basic Licensing Enrollment Standards Signature of Applicant Date Future appointment as a Telecommunicator, Temporary or Licensed Future appointment as a County or Contract Jailer, Temporary or Licensed Future Appointment as a Probation Officer, Juvenile or Adult Ability to track training hours TCOLE agency / training provider number and Name Agency Administrator or Training Coordinator (Type or Print) Date Signature Individuals not associated with a training provider or agency check below. Applying for instructors certificate Applying for Retired Federal Firearms ID Applying for consideration of prior out-of-state, federal, military, or TDCJ training.