



ARIZONA DEPARTMENT OF PUBLIC SAFETY

APPLICATION FOR LAW ENFORCEMENT OFFICERS' SAFETY ACT (LEOSA) CERTIFICATE OF FIREARMS PROFICIENCY

NOTE: This certification is valid for **Arizona residents only** (USC Title 18, Chapter 44, Section 926C(d)2(B)). Resident is defined under ARS §28-2001.

TYPE OR PRINT LEGIBLY – USE CAPITAL LETTERS – USE BLACK INK ONLY

Please read the instructions on page two of this application.

INITIAL RENEWAL

| APPLICANT INFORMATION | | | | | | | | |
|---|--------|----------------------|--------|-----------|---------------|---------------|----------------|----------|
| LEGAL NAME (Last, First, Middle) | | | | | | | | |
| RESIDENCE ADDRESS (Street # and name including apartment / Lot #) | | | | | CITY | | STATE | ZIP CODE |
| MAILING ADDRESS (If different from above) | | | | | CITY | | STATE | ZIP CODE |
| SSN (Optional) | | CONTACT PHONE NUMBER | | | EMAIL ADDRESS | | | |
| ORIGIN/RACE | GENDER | HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR | DATE OF BIRTH | PLACE OF BIRTH | |

| FORMER LAW ENFORCEMENT AGENCY INFORMATION (TO BE COMPLETED BY APPLICANT) |
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| AGENCY NAME: |
| CITY & STATE |

| TRAINING INFORMATION (TO BE COMPLETED BY INSTRUCTOR) | |
|---|-----------------------|
| AZ POST CERTIFIED, DPS RECOGNIZED LEOSA INSTRUCTOR NUMBER | NRA INSTRUCTOR NUMBER |
| PRINT NAME OF INSTRUCTOR | |
| JUDGMENTAL ASSESSMENT SIMULATOR: <input type="checkbox"/> Pass <input type="checkbox"/> Fail LIVE RANGE: <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| TYPE OF FIREARM USED REVOLVER: <input type="checkbox"/> Pass <input type="checkbox"/> Fail SEMI AUTO: <input type="checkbox"/> Pass <input type="checkbox"/> Fail BOTH: <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| TRAINING PROGRAM NUMBER 70812005 | QUALIFICATION DATE |

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|---|
| By signing, I certify that I administered the AZPOST Firearms Standard Course for Peace Officers Per R13-4-111(C) |
| INSTRUCTOR SIGNATURE |

- Make sure you have included all required documents with this application (see page 2).
- Application processing fee **\$20** (Money order or cashier's check, payable to: AZ DPS)

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|---|
| I attest that the information on this application is true and accurate and that I meet the requirements under 18 USC 926C (c) 1 – 7 (see page 2). I have qualified by completing the AZPOST course for peace officers |
| APPLICANTS SIGNATURE |

Phoenix (602) 256-6280 *** Outside metropolitan Phoenix but within Arizona 1-800-256-6280 *** Fax (602) 223-2928
Business hours 8:00 – 5:00 Monday through Friday

www.azdps.gov/ccw

APPLICATION INSTRUCTIONS

1. Complete the firearms certification/qualification event with a DPS-recognized LEOSA instructor or current NRA instructor. This is the standard AZPOST peace officer firearms qualification course (50 rounds, day or night) and a pass/fail target identification and discrimination course (judgmental shooting). Backup or secondary handgun qualification courses are not valid for this event and may not be used.
2. Submit this completed application with:
 - a. A photocopy of your photographic law enforcement identification credentials.
 - b. \$20 money order or cashier's check (**no personal checks or checks drawn on a business account**) payable to: **Arizona Department of Public Safety**
 - c. A letter from the agency with which you were employed that verified your employment status and that you meet the requirements of a qualified retired law enforcement officer listed below.
3. The letter must:
 - a. Be submitted on the agency's letterhead
 - b. Include your name, employee badge number, and dates of employment
 - c. Attests that the applicant meets the requirement of a qualified retired law enforcement officer
 - d. Attests that the applicant has been issued a photographic law enforcement identification card
 - e. Includes the name, title, identification number, and contact phone number of an individual at the agency who can verify employment information

18 USC 926C(c) DEFINES A "QUALIFIED RETIRED LAW ENFORCEMENT OFFICER" AS AN INDIVIDUAL WHO:

- Separated from service in good standing with a public agency as a law enforcement officer; **and**
- Before such separation, 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; **and**
- Before such separation, served as a law enforcement officer for an aggregate of 10 years or more; **or**
- Separated from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency; **and**
- Has not been officially found by a qualified medical professional employed by the agency to be unqualified for reasons relating to mental health; **or**
- Has not entered into an agreement with the agency from which the individual is separating from service in which the individual acknowledges he or she is not qualified under this section for reasons relating to mental health; **and**
- Is not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; **and**
- Is not prohibited by Federal law from receiving a firearm.

THE FOLLOWING SECTION IS THE RESPONSIBILITY OF THE RETIRED OFFICER:

- During the most recent 12-month period, has met, at the expense of the applicant, the state's standards for training and qualification for active law enforcement officers to carry firearms

IF CARRYING A CONCEALED FIREARM, YOU MUST ALSO BE IN POSSESSION OF:

- Photo identification issued by the law enforcement agency from which you separated **AND**
- Certification issued by the state in which you reside that indicates that you have, not more than one year before the date you are carrying a concealed firearm, been tested or otherwise found by the state to meet the standards established by the state for training and qualification for active law enforcement officers to carry a firearm of the same type as the concealed firearm. The certificate issued by the Arizona Department of Public Safety meets this requirement and is valid for twelve months from the day the firearms qualification event occurred.

MAIL APPLICATIONS TO:

ATTN: Program Coordinator
Arizona Department of Public Safety
PO Box 6488
Phoenix, AZ 85005-6488