



Strategic Training Solutions

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Retired Law Enforcement Officer ~ Federal Concealed Carry Application

This form must be completed and returned to Strategic Training Solutions (STS) by all applicants prior to your range date. Once your application is received and approved you will be notified and will be scheduled for the range date of your choice. The course fee is \$85 and the shooter may opt to qualify with a semi-auto, revolver, or both weapon types. There are no extra fees to shoot both weapon types (semi-auto/revolver). **Note*** This application is only required of new clients shooting with STS; a renewal notice will be mailed to you ten months following your original qualification. Renewing clients only need to select a range date and attend a qualification session.

Range rental fees, targets, and safety gear are included with the course fee. Ammunition is available at the range shop if needed.

APPLICANT INFORMATION

Box 1

Last Name: _____ First Name: _____ MI: _____

Home Address (Legal Residence) Street: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (mm/dd/yy): _____ Email Address: _____

Home Phone: () _____ Alt. Phone: () _____

RETIRING AGENCY

Box 2

Agency Name: _____

Retirement Date: _____ Dates of Employment: _____

ID/BADGE # _____ Last Assignment: _____

Agency Phone # () _____ Agency Contact Person: _____

Agency Fax # () _____ Agency Website: _____

Agency Address: Street: _____

City: _____ State: _____ Zip Code: _____

PREREQUISITE DOCUMENTS

These documents/fees **MUST** accompany your application in order for it to be processed and approved.

Box 3

1. Copy of photo identification card issued by the retiring law enforcement agency.
2. Copy of state issued photo identification validating Florida residency.
3. Affidavit completed and signed by applicant (Form 2)
4. Authorization for Release of Criminal Background Information Signed and Notarized (Form 3)
5. **Non-refundable fee of \$75 before your application will be processed.**

**** NOTE:** Original retirement identification card and badge must accompany you at time of your qualification shoot. STS can provide a Notary Public for you (free of charge) prior to your qualification shoot if necessary!

Applicant Signature: _____ Date: _____

STS STAFF USE ONLY	Application #	State Tracker #	Qualification Date:	Approved	Rejected

Affidavit

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

- _____ Regularly employed as a law enforcement officer for fifteen (10) or more years aggregated; or
- _____ I retired after completing probation due to service-connected disability as determined by the agency I retired from.

I intend to fire: (choose one)

- Revolver _____ Semi-Automatic _____ Both _____

PRINT A "YES" OR "NO" RESPONSE TO EACH OF THE FOLLOWING	YES	NO
The law enforcement agency from which I retired has issued me a photographic identification card.		
I understand that I must carry the issued firearms certification card along with the photographic identification issued by my retiring agency when I carry the concealed weapon.		
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.		
I have a non-forfeitable right to benefits under my agency's retirement/pension plan.		
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 10 years of service stating you left in good standing and the reason why you did not participate in a retirement system?		
I affirm that I am not prohibited by Federal or State law from receiving a firearm.		
I understand that I must meet the same State of Florida standards of qualification and re-qualification for active law enforcement officers to carry a firearm of the same type as my concealed firearm.		
I understand this authorization applies only to the weapon-type with which I qualified.		
I understand that the concealed carry certification does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.		
I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.		
I affirm that I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance or, currently in a drug or alcohol rehabilitation program, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.		
I fully understand that the HR 218 certification section shall not be construed to supersede or limit the laws of any State that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property; or prohibit or restrict the possession of firearms on any State or local government property, installation, building, base, or park.		
I understand that a background investigation is required and I do authorize Strategic Training Solutions to conduct such to determine if I have been convicted of any criminal offenses or have any mental health instabilities that would otherwise disqualify me from possessing a concealed firearm.		
I retired under (internal/external) investigation in lieu of a disciplinary hearing; or retired under criminal investigation.		

By signing below, I certify, under penalty of perjury, that I have I retired in good standing from a public agency as a law enforcement officer for reasons other than mental instability. I further certify that before retirement I was engaged in law enforcement duties and had the power of arrest for an aggregate period of 10 years or more, **OR** I retired 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 I have a non-forfeitable right to benefits under the retirement plan of the said agency. I further certify that I have read, understand, and meet all other requirements of HR 218 (18 U.S. Code §926B and 926C) and are entitled to all rights afforded to me under the Law Enforcement Safety Act of 2004.

Printed Name

Signature of Applicant

Date of Application

Authorization for Release of Criminal Background Information

I hereby authorize Strategic Training Solutions [hereinafter STS], and any qualified agent to receive criminal background information including copies of my past and present law enforcement records. This criminal background investigation is being conducted for the purpose of assisting STS in evaluating my suitability for carrying a concealed firearm pursuant to the Law Enforcement Safety Act of 2004 18 USC§ 926C et seq. The release of information pertaining to this criminal background investigation is expressly authorized. I understand that I have a right to review the information that STS receives in this criminal background investigation by putting a request in writing. I understand that reasonable efforts will be made by STS to protect the confidentiality of this information. I hereby release STS from any liability or damage in providing such information. I agree that a photocopy of this authorization may be accepted with the same authority as the original.

Applicant's Name

Date (mm/dd/yyyy)

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

This foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

who has produced _____ as identification

and who did take an oath.

Signature of Notary Public

Print Name of Notary Public