



Metropolitan Police Department Gun Control Unit
300 Indiana Avenue, N.W., Room 3058, Washington, D.C. 20001

THE LAW ENFORCEMENT OFFICERS SAFETY ACT CERTIFICATE APPLICATION

(Please PRINT or TYPE the information and this application must be notarized.)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Sex: ___ Race: ___ White ___ Black ___ American Indian ___ Hispanic ___ Asian ___ Other ___

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Agency retired/separated from: _____

Statement of Eligibility:

(Please answer each of the following questions.)

1. Have you ever been convicted, or are you currently subject to pending criminal prosecution for any felony, drug or assault offense or an offense involving impairment by drugs or alcohol? Yes ___ No ___
2. Have you ever been exempted from possession of any weapon for any disqualifications enumerated by U.S. Code Title 18, Chapter 44, Section 922? Yes ___ No ___
3. Were you forced to retire due to any mental disorder? Yes ___ No ___
4. Have you ever been committed to any mental institution? Yes ___ No ___
5. Are you suffering from an injury or physical impairment that could render you unsafe to carry a concealed weapon? Yes ___ No ___
6. Have you ever been convicted of Domestic Violence or have you been the subject of a Civil Protection Order within the last year? Yes ___ No ___

I, the undersigned, certify that I have received, read, and will abide by and conform to the rules and statutes governing the Law Enforcement Officers Safety Act of 2004, and amendments of 2010 and 2013 relating to Retired/Separated Law Enforcement Officers. For the purposes of determining my eligibility, I authorize the release of any information regarding my present and past employment, regarding diagnosis, treatment, and status of medical or mental conditions, any information relating to my criminal history, or any other information deemed confidential to the Metropolitan Police Department or its authorized representatives. I further authorize the Metropolitan Police Department or its authorized representative to release any law enforcement agency, or other governmental agency, information contained in or related to this application. A copy of this affidavit shall have the same force and effect as the original.

I affirm under oath that I have provided accurate information on this document and I understand that making a false statement is punishable by criminal penalties under D.C. Code Title 22, Section 2405.

Retired Officer's Signature: _____ Date: _____