Retired Officer Firearm Qualification

The retired Salinas Police Department Officer named below has successfully completed the standard qualification course of fire and is authorized to carry a concealed firearm of the type(s) indicated:

Qualification Date: _____

Retired Officer: _____

Mailing Address: _____

_____

Email Address: _____

Cell/phone number: _____

Semi-Automatic Pistol: _____

_____
(Manufacturer, Model and Caliber of qualifying weapon)

Revolver: _____

_____
(Manufacturer, Model and Caliber of qualifying weapon)

ACKNOWLEDGEMENT & WAIVER

I acknowledge that the authorization to carry a concealed firearm granted by the Law Enforcement Officers Safety Act (LEOSA) of 2004 (H.R. 218) is solely for personal protection and does not grant any powers of law enforcement. In addition, I understand that the LEOSA authorization is valid only in combination with the Retired Officer ID Card issued by the Salinas Police Department with an endorsement approving the carrying of a concealed firearm (stamped "CCW Approved"). I understand the authorization is for the period of up to **one year** from the date of issue and that I must qualify again in order to continue to carry a concealed firearm in the United States. I attest that I am not prohibited by any state or federal law from receiving or possessing a firearm and that I am qualified to carry a concealed firearm. I agree to comply with Policy 209.5 (Retiree Concealed Firearms; Former Officer Responsibilities) of the Salinas Police Department Policy Manual. I assume all liability for any injury, death, or damage related to my carrying or use of a firearm. I agree to indemnify and hold harmless the City of Salinas and its agents from any such liability. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Retired Officer's Signature: _____

Rangemaster Name / ID Number: _____

(please print)

_____

(Rangemaster Signature)

Agency: _____

Phone number: _____