



Rick Staly, Sheriff

FLAGLER COUNTY SHERIFF'S OFFICE

"An honor to serve, a duty to protect."

To be filled by Training Personnel:
Card #: _____
Date: _____
Score: _____
Firearm: _____

HR 218 Retired Officer Request for Firearm Qualification

Applicant Name _____ Date _____
Current Address _____
Contact Phone Number _____ D.O.B _____
Retiring Agency _____ Retirement Year _____ Years of Service _____

State of Florida, in and for Flagler County

Before me, the undersigned personally appeared _____, who being by me duly sworn, deposes and says:

I retired in good standing from law enforcement with at least 10 years of aggregate service as a law enforcement or correctional officer. OR a service connected disability other than mental instability. _____ (Initial)

I have a non-forfeitable right to benefits under the retirement plan set forth by my agency. _____ (Initial)

I am not prohibited under Federal law from receiving or possessing a firearm. _____ (Initial)

I am not under the influence of alcohol or any other intoxicating or hallucinatory substance. _____ (Initial)

I have no physical limitations that would interfere with the proper handling of a handgun. _____ (Initial)

I understand that I must meet and follow the procedures established by HR 218 and the State of Florida in meeting the requirements for obtaining proper certification. _____ (Initial)

I have not made any material misrepresentation, or failed to disclose any material fact, in my request for certification to carry a firearm under the procedures and requirements set forth by HR 218 and the State of Florida. _____ (Initial)

Applicant's Printed Name: _____ Applicant's Signature: _____

Sworn to and subscribed before me, the undersigned this _____ day of _____, 20_____

FSS 117.10 Notary or Law Enforcement Officer

Name/Title of Person Authorized or Administer Oath

Distribution: Original to Training Unit
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