



# APPLICATION FOR ENROLLMENT

## Retired Officer Firearms Qualification



Please complete this form and forward to the Training Center

RETIRED OFFICER FIREARMS QUALIFICATION

\_\_\_\_\_ (COURSE TITLE)

\_\_\_\_\_ (DATE OF QUALIFICATION)

**You must enclose a copy of your driver's license and a photo I.D. from the agency you retired from with this form when you submit it to the Training Center.**

NAME	RANK AT RETIREMENT	AGENCY RETIRED FROM

If qualifying at the Training Center, you must submit a \$50.00 fee by cash or check.

I \_\_\_\_\_ certify that I am a qualified retired law enforcement officer in good standing  
(Printed Name)

from service with a public agency as a law enforcement officer as per 18 USC, Chapter 44 § 926C other than for reasons of mental instability. I have not had any criminal convictions that would prohibit me from possessing a firearm.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(MUST BE SIGNED)

HOME ADDRESS: \_\_\_\_\_ (Street Number)  
\_\_\_\_\_ (City, State and Zip Code)

TELEPHONE: \_\_\_\_\_ (Area Code and Number)

BIRTHDATE: \_\_\_\_\_

**(Firearms Instructor use only)**

FIREARMS INSTRUCTOR: \_\_\_\_\_ (PRINTED NAME)

FIREARMS INSTRUCTOR: \_\_\_\_\_ (SIGNATURE)

INSTRUCTOR AGENCY: \_\_\_\_\_

Address \_\_\_\_\_ (Street Number)  
\_\_\_\_\_ (City, State and Zip Code)

SCORE: \_\_\_\_\_ WEAPON: \_\_\_\_\_  
(Individual qualifying) (semi-auto or revolver)

Return form to: Nebraska Law Enforcement Training Center  
3600 North Academy Road  
Grand Island, NE 68801-9200  
(308) 385-6030 \*\*\* FAX (308) 385-6032