



RECORDS USE ONLY:

APPLICATION FOR RETIRED MEMBER HANDGUN AUTHORIZATION *West Virginia and Reciprocal States*

DATE OF SUBMISSION: ____/____/____ APPLICATION TYPE: Initial Renewal

NAME: _____
Last First MI

ADDRESS: _____

COUNTY: _____ PHONE: (____) _____

DOB: ____/____/____ SSN: ____/____/____ HT: ____ Ft. ____ In.

WT: ____ EYES: ____ SEX: M F DRIVER'S LICENSE: ____/____
State Number

RETIREMENT TYPE: REGULAR DISABILITY RETIREMENT DATE: ____/____
MM YY

Answer Each Question By Checking YES or NO:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted of an act of violence involving a deadly weapon or an act of Domestic Violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you under indictment or do you have any criminal charges pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you the subject of a restraining order as a result of a domestic violence act as defined in §61-2-28 of the Code of West Virginia or subject to a verified petition of domestic violence or subject to a protective order as provided for in §48-2a of the Code of West Virginia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been adjudicated to be mentally incompetent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you physically and mentally competent to carry a pistol/revolver? | <input type="checkbox"/> | <input type="checkbox"/> |

If any question 1-6 listed above is/are answered YES, then a letter of explanation must accompany this application.

I hereby authorize the Superintendent of the West Virginia State Police or his/her designee to conduct an investigation into information contained in this application.

Signature Date

Send to: WVSP Criminal Records Section, 725 Jefferson Road, South Charleston WV 25309, ATTN: Registry Unit

Authorization Granted: Y N _____
Superintendent

Expiration: ____/____/____