WVSP 44S
05/10

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:	**YES**	**NO**
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?	☐	☐
2. Have you been convicted of a felony?	☐	☐
3. Have you been convicted of an act of violence involving a deadly weapon or an act of Domestic Violence?	☐	☐
4. Are you under indictment or do you have any criminal charges pending against you?	☐	☐
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?	☐	☐
6. Have you ever been adjudicated to be mentally incompetent?	☐	☐
7. Are you physically and mentally competent to carry a pistol/revolver?	☐	☐

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, 701 Jefferson Road, South Charleston WV 25309, ATTN: Registry Unit

Authorization Granted: ☐ Y ☐ N _____

Expiration: _____/_____/_____