WVSP 44L
08/23

RECORDS USE ONLY:

WEST VIRGINIA STATE POLICE

APPLICATION FOR IDENTIFICATION CARD (LEOSA)

For Use By Former WVSP Members **ONLY**

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND ACCOMPANIED BY THE DOCUMENTATION NOTED IN THE STATEMENT BELOW. ***Renewals will only be accepted within 60 days prior to expiration date of current permit.**

DATE OF SUBMISSION: ____ ____ _____ **APPLICATION TYPE: Initial ☐ Renewal ☐**

NAME: _____ _____ _____
Last First MI

ADDRESS: _____

DOB: ____/____/_____ SSN: ____/___/____ HT:____Ft.____In. Phone Number _____

WT:_____ EYES:_____ SEX:_____ DRIVER'S LICENSE: _____ _____
STATE NUMBER

WVSP SEPARATION DATE: _____

STATEMENT

By affixing my signature hereto, I state that I am a **"qualified retired law enforcement officer"** as specifically set forth at 18 U.S.C. § 926C(c) to mean **"an individual who –**

(1) **separated from service in good standing from service with a public agency as a law enforcement officer;**

(2) **before such separation, was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest or apprehension under section 807(b) of title 10, United States Code (article 7(b) of the Uniform Code of Military Justice);**

(3)

(A) **before such separation, served as a law enforcement officer for an aggregate of 10 years or more; or**

(B) **separated from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;**

(4) **during the most recent 12-month period, has met, at the expense of the individual, the standards for qualification in firearms training for active law enforcement officers, as determined by the former agency of the individual, the State in which the individual resides or, if the State has not established such standards, either a law enforcement agency within the State in which the individual resides or the standards used by a certified firearms instructor that is qualified to conduct a firearms qualification test for active duty officers within that State *(NOTE: WV residents must submit a completed LEPS Subcommittee CERTIFICATION form with this application. Non-WV residents must submit other documentation satisfying this provision)*;**

(5)

(A) **has not been officially found by a qualified medical professional employed by the agency to be unqualified for reasons relating to mental health; or**

(B) **has not entered into an agreement with the agency from which the individual is separating from service in which that individual acknowledges he or she is not qualified under this section for reasons relating to mental health;**

(6) **is not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and**

(7) **is not prohibited by Federal law from receiving a firearm."**

And by affixing my signature hereto, I also authorize the Superintendent of the West Virginia State Police or his/her designee to investigate this statement's truth.

_____ _____
Signature Date

Send to: WVSP Criminal Records Section, 701 Jefferson Road, South Charleston, WV 25309 ATTN : CIB-LEOSA

Application Approved ☐ Y ☐ N Expiration _____ Superintendent _____