

Application For Law Enforcement Officers Safety Act Certification

INSTRUCTIONS

PLEASE PRINT. The following requested information must be completed in full to have your application reviewed. Please submit the completed application form, agency letter from which you retired, proof of fingerprinting, passport-quality photograph, photocopy of your driver's license or state ID, and \$35.00 fee payment payable to the State of Michigan to: MCOLES, 106 W. Allegan Suite 600, Lansing, MI 48909.

PART 1: APPLICANT INFORMATION

1. NAME: LAST FIRST MIDDLE			2. SOCIAL SECURITY NO.*		3. SEX <input type="checkbox"/> M <input type="checkbox"/> F		4. DOB: (MM/DD/YY)	
5. HOME ADDRESS: NO. STREET CITY STATE ZIP				COUNTY OF RESIDENCE			6. HOME PHONE: ()	
7. MCOLES LICENSE NUMBER (if known):			8. E-MAIL ADDRESS:			9. TOTAL MONTHS EMPLOYED AS A SWORN LAW ENFORCEMENT OFFICER:		
10. NAME OF LAW ENFORCEMENT AGENCY FROM WHICH YOU RETIRED:					11. DATES OF EMPLOYMENT (MM/DD/YY): FROM: TO:			
12. LAW ENFORCEMENT AGENCY ADDRESS NO. STREET CITY STATE ZIP								
13. ARE YOU A LEGAL RESIDENT OF THE STATE OF MICHIGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			14. HEIGHT ft. inches HAIR COLOR			WEIGHT lbs. EYE COLOR		
15. CHECK YES OR NO FOR EACH OF THE FOLLOWING QUESTIONS:								
A. Have you been convicted, in any court, of a crime punishable by imprisonment for a term exceeding one year?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
B. Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
C. Are you an unlawful user of, or addicted to, any controlled substance, as defined in section 102 of the Controlled Substances Act, 21 USC 802?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
D. Have you been adjudicated as a mental defective or been committed to a mental institution?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
E. Are you an alien who is illegally in the United States or who has been admitted to the United States under a nonimmigrant visa, as that term is defined in section 101(a)(26) of the Immigration and Nationality Act, 8 USC 1101(a)(26)?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
F. Have you been discharged from the Armed Forces under dishonorable conditions?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
G. Have you been a citizen of the United States who has renounced your citizenship?						<input type="checkbox"/> YES <input type="checkbox"/> NO		
H. Have you been convicted in any court of a misdemeanor crime of domestic violence?						<input type="checkbox"/> YES <input type="checkbox"/> NO		

16. CHECK YES OR NO TO THE FOLLOWING QUESTION:

- A. Are you subject to a court order that was issued after a hearing for which you received actual notice, and at which you had an opportunity to participate?
 YES NO
- IF YOU CHECKED YES TO QUESTION 16A, CONTINUE WITH B AND C.**
- B. Does the order restrain you from harassing, stalking, or threatening an intimate partner or the child of the intimate partner, or engaging in other conduct that would place either of them in reasonable fear of bodily injury?
 YES NO
- C. Does the order include a finding that you represent a credible threat to the physical safety of an intimate partner or the child of the intimate partner; or does the order by its terms explicitly prohibit the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury?
 YES NO

I hereby certify that I am a retired law enforcement officer who resides in the state of Michigan with at least 15 years aggregate law enforcement employment or retired early with a disability and am eligible for retirement benefits under the law; and that I have submitted the required documentation along with this application to qualify to carry a concealed firearm as a retired law enforcement officer pursuant to Law Enforcement Officers Safety Act of 2004. Any misrepresentation on this Application is a felony (MCL 28.516).

SIGNATURE OF APPLICANT

DATE

PART 2: TO BE COMPLETED BY MCOLES

- | | | | |
|-----------------------------|--|---------------------------|--|
| A. Completed Application | <input type="checkbox"/> YES <input type="checkbox"/> NO | G. MCOLES License Number | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. Michigan Retiree | <input type="checkbox"/> YES <input type="checkbox"/> NO | H. Criminal History Clear | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. Federal Retiree | <input type="checkbox"/> YES <input type="checkbox"/> NO | I. LEIN / INLETS CLEAR | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D. Other State Retiree | <input type="checkbox"/> YES <input type="checkbox"/> NO | J. Entered in MITN | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E. Proof of Fingerprinting | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| F. Agency Employment Letter | <input type="checkbox"/> YES <input type="checkbox"/> NO | K. Approved** | <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____ Initials: _____ |

PART 3: TO BE COMPLETED BY THE TRAINING / TESTING CENTER

- | | |
|--|----------------------------------|
| 1. Training / Testing Center Name _____ | Center Agent Name (Print): _____ |
| 2. Applicant presented approved application? <input type="checkbox"/> YES <input type="checkbox"/> NO | Signature: _____ |
| 3. Applicant passed cognitive test? <input type="checkbox"/> YES <input type="checkbox"/> NO | Date: _____ |
| 4. Applicant passed initial skills test? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 5. Applicant retested? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Pass the retest? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
- Instructions: Training / Testing Center: Mail the completed document to: MCOLES, 106 W. Allegan, Suite 600, Lansing, MI 48909**

PART 4: TO BE COMPLETED BY MCOLES

- | | | | |
|---------------------------|--|-------------------------|--|
| 1. Passed Both Tests | <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. Entered in LEIN | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Entered in MITN | <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Card Sent to Retiree | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Processing Done By: _____ | | Date: _____ | |

* This information is confidential. Disclosure of confidential information is protected by the federal Privacy Act

MCOLES 3/16/2009

**NOTE: An approved application expires one year from the date approved by MCOLES.