

## Retiree Concealed Handgun Authorization Application

### Law Enforcement Officer Safety Act (LEOSA) of 2004 - HR-218

Connecticut State Police Retirees and those Out-Of-State Retired Police Officers and Federal Agents now residing in Connecticut desiring authorization to carry concealed handguns should complete this form and send, fax or e-mail to the addresses and fax number listed below.

**NOTE: Please schedule your appointment by e-mailing [SLFU.LEOSA@ct.gov](mailto:SLFU.LEOSA@ct.gov)  
Submit documents to Special Licensing & Firearms Unit, ATTN: LEOSA Administrator, 1111 Country Club Rd  
Middletown, CT 06457, fax form to (860) 685-8496 or e-mail [SLFU.LEOSA@ct.gov](mailto:SLFU.LEOSA@ct.gov) at least 1 month prior to  
qualification.**

Are you currently active duty Law Enforcement?  Yes  No

Have you provided a letter of good stating from **every** department you worked for?  Yes  No

Connecticut Pistol Permit #: \_\_\_\_\_ (Required)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
**\*\*Full street address – NO P.O. Box\*\***

Date of Retirement(s): \_\_\_\_\_ Dept(s) Retired From: \_\_\_\_\_

Rank at time of retirement(s): \_\_\_\_\_ Badge #: \_\_\_\_\_

Home Phone/Cell Phone: \_\_\_\_\_

Scheduled date/time at Range: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Circle number of guns you are qualifying with? (reminder—2 guns needs an AM time)      1      or      2

Provide make, model and serial number of the gun/s you are qualifying with:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Qualification Dates:** Check the Internet at [www.ct.gov/despp](http://www.ct.gov/despp), and then go to State Police-Special Licensing & Firearms Unit, on the left side menu click on Information for Retirees and the dates available will be listed under "Dates Offered"

**Attendance is limited to 15 per session.**