

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

Submit documents to Special Licensing & Firearms Unit, ATTN: LEOSA Administrator, 1111 Country Club Rd Middletown, CT 06457, e-mail 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: _____ / _____

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: Please select 3 dates and times from our website (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") and place them in order of which you would prefer to attend:

1. _____ AM / PM (circle)

2. _____ AM / PM (circle)

3. _____ AM / PM (circle)

Attendance is limited to 15 per session.