REQUEST TO CARRY CONCEALED FIREARMS AND QUESTIONNAIRE

RETIRED CORRECTIONAL PEACE OFFICER

(PC § 12027 and § 12031)

NAME (Print Last, First, MI)		HIRE DATE	RETIREMENT DATE: FROM: (Inst / Reg / Unit)
ADDRESS (Street, City, State, Zip)		CLASSIFICATION	TYPE OF RETIREMENT
TELEPHONE NUMBER ( )	BIRTH DATE	DRIVER'S LICENSE NUMBER / STATE	

Provision of Social Security Number is voluntary in accordance with the Privacy Act of 1974 and will be used for identification purposes only.

SOCIAL SECURITY NUMBER _____ - _____ - _____

I am an Honorably Retired Correctional Peace Officer and request the Director's endorsement to carry a concealed and loaded firearm pursuant to PENAL CODE SECTIONS 12027 AND 12031.

☐ **Initial** application for Endorsement to Carry a Concealed Firearm. **Expires**: _____

☐ **Renewal:** Old Identification Card Number: _____ **Expires**: _____

I UNDERSTAND THAT IF A CCW ENDORSEMENT IS GRANTED, I AM TO MAINTAIN RANGE QUALIFICATION AT LEAST ANNUALLY PER PC SECTION 12027(A)(3).

_____ APPLICANT'S SIGNATURE

_____ DATE

In order to facilitate the processing of your request for the issuance of an Endorsement to Carry a Concealed or Loaded Firearm, you are required to answer the following questions. All questions must be answered and the information provided must be accurate and complete. Incomplete answers will result in a delay of the processing of your request and may result in denial/revocation of your privilege to carry a concealed firearm. You may choose not to answer a question; however, failure to do so will result in a denial of your request or renewal. Information provided in this questionnaire is for the purpose of determining eligibility to carry a concealed firearm only.

1. Have you ever been denied a request for an endorsement to carry a concealed firearm by the Department?

☐ NO ☐ YES

If YES, please explain by providing date(s), circumstances and disposition (use separate page if necessary).

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APPLICANT'S SIGNATURE: _____ **DATE:** _____

2. Has your privilege to possess a firearm or to carry a concealed firearm ever been revoked?

☐ NO ☐ YES

If YES, please explain by providing date(s), circumstances and disposition (use separate page if necessary).

_____

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3. Did you retire under "less than honorable conditions"?

☐ NO ☐ YES

- Under investigation for misconduct?
- In lieu of termination or punitive action?
- Pending charges for a crime involving firearms, drugs, or violence?

If YES, please explain by providing date(s), circumstances and disposition (use separate page if necessary).

_____

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4. Are you addicted to the use of drugs/narcotics?

☐ NO ☐ YES

If YES, please explain. Provide details. If you are on medical care/treatment, (or have received same) for the use of drugs/narcotics, include the name, address and telephone number of attending physician. (Use separate page if necessary). A SIGNED MEDICAL INFORMATION RELEASE MUST BE ATTACHED NAMING THE DEPARTMENT AS RECIPIENT OF THE INFORMATION.

_____

_____

_____

5. Have you, within the past ten years been arrested for and/or convicted of any offense?

☐ NO ☐ YES

If YES, provide the offense(s), date(s), location, law enforcement agency, court and final disposition. (Use separate page if necessary).

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sample

APPLICANT'S SIGNATURE: _____ DATE: _____

6. Have you, within the last ten years, suffered from or been treated for an emotional or nervous disorder?

☐ NO ☐ YES

If YES, provide a description of the disorder, date(s), name, address and telephone number of attending physician. (Use separate page if necessary). A SIGNED MEDICAL INFORMATION RELEASE MUST BE ATTACHED NAMING THE DEPARTMENT AS RECIPIENT OF THE INFORMATION.

_____

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_____

7. Have you, within the last ten years, been admitted/committed, voluntarily or involuntarily, to any hospital, mental institution, or other medical/treatment facility for the treatment of a mental, emotional or nervous disorder or for the use of alcohol, drugs or narcotics?

☐ NO ☐ YES

If YES, provide a description of the condition for which treatment/care was received, date(s) of admission commitment, length of treatment/care, name, address and telephone number of hospital, mental institution, or other medical treatment facility, date(s), discharge and name(s), address(es), and telephone number(s) of attending physician(s). (Use separate page if necessary). A SIGNED MEDICAL INFORMATION RELEASE MUST BE ATTACHED NAMING THE DEPARTMENT AS RECIPIENT OF THE INFORMATION.

_____

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8. Have you, within the last ten years, experienced any health problem(s) which caused you to be temporarily or permanently unable to care for yourself, i.e., loss of consciousness, heart attack, stroke, serious accident or other physical impairment?

☐ NO ☐ YES

If YES, provide a description of illnesses, medical conditions, or injuries, date(s), name, address and telephone number of attending physician. (Use separate page if necessary). A SIGNED MEDICAL INFORMATION RELEASE MUST BE ATTACHED NAMING THE DEPARTMENT AS RECIPIENT OF THE INFORMATION.

_____

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sample

APPLICANT'S SIGNATURE: _____ **DATE:** _____

9. **FOR RENEWAL ONLY** - -Have you qualified with the firearm annually for each of the last five years pursuant to the requirements of Penal Code Section 12027?

☐ YES ☐ NO (please answer as applicable below)

- ☐ I did not carry a concealed weapon continuously for five years.
- ☐ I was not a full-time resident of California.
- ☐ I retired as a correctional peace officer listed in Penal Code Section 830.2 (d)(1) or (2).
- ☐ I retired prior to January 1, 1981 and I am not required to obtain an endorsement from the issuing agency to carry a concealed firearm.
- ☐ Other (please explain):_____

_____

I declare under penalty of perjury according to the laws of the state of California, that the foregoing is true and correct.

PRINTED NAME	SIGNATURE	DATE

sample

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