

**COUNTY SHERIFFS OF COLORADO**  
**Mesa County Sheriff's Office**  
**Separated Law Enforcement Officer Authority to Carry Concealed Firearms**

**WARNING: The information you provide will be verified. Providing false information on this application constitutes a criminal offense for which you may be prosecuted. Print or type all information except signatures.**

Law Enforcement Agency Separated from:	Renewal? <input type="checkbox"/> -Y <input type="checkbox"/> -N	Date of separation:
County: _____ State: _____		
Applicant's Name (Last, First and Middle):	County of residence:	
Other Names (nickname, maiden name, alias, etc.):	*Social Security Number:	Date of Birth:
Current Home Address:	City/State/Zip:	Area Code + Home Phone:
Mailing Address if Different from Above:	City/State/Zip:	Daytime Phone - area code + phone:
Are you a U.S. Citizen: <input type="checkbox"/> -Y <input type="checkbox"/> -N	IF NO,    Country of citizenship: _____	
Place of Birth: _____	Alien Registration or Admission # _____	
<i>(non-immigrants that have entered the United States on a Visa) Type of documentation showing exemption to non-immigrant alien prohibition, e.g., valid hunting license/permit; State Department waiver...etc.</i>		

\*Social Security number is voluntary, but may assist in the background investigation in the event there are other individuals with a similar name who have had contact with law enforcement authorities. It also helps to ensure that your record will never be accidentally merged with that of any other individual.

I certify that I meet each of the following criteria to be authorized to carry a concealed firearm pursuant to the Law Enforcement Officer Safety Act of 2010, as Amended by the National Defense Authorization Act of 2013. (Chapter 44 of Title 18, United States Code, 926B § 926C) and when applicable, the requirements set forth in Colorado Revised Statutes: 24-33.5-112, 24-31-109, 31-30-106, 23-5-142, 17-1-115.2 and 24-35-119.

**INITIAL EACH CRITERIA THAT APPLIES**

- Separated in good standing from service with a public agency as a law enforcement officer, other than for reasons of mental instability. \_\_\_\_\_
- Before such separation, was authorized by law to engage in or supervise the prevention, detection, investigations, 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). \_\_\_\_\_
- Before such separation, was regularly employed as a law enforcement officer for an aggregate of 10 years or more, OR \_\_\_\_\_
- 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. \_\_\_\_\_ Document Provided \_\_\_\_\_
- Not under the influence of alcohol or another intoxicating or hallucinatory drug or substance. \_\_\_\_\_
- Not prohibited by any State or Federal law from receiving or possessing a firearm. \_\_\_\_\_
- Have in possession a photographic identification issued by the agency from which the individual separated from service that indicates the person as having been employed as a police officer or law enforcement officer. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_  
*(must be signed in presence of Sheriff or Sheriff's designee accepting application)*

**For administrative use only**

Collected Fees

Sheriff: \$ \_\_\_\_\_  
CBI:    \$13.00

Verification

DL:            attach copy  
Agency ID: attach copy  
Verified by:     phone  
                       mail  
                       e-mail  
Date: \_\_\_\_\_  
By: \_\_\_\_\_

NICS/CCIC

Date Sent: \_\_\_\_\_  
By: \_\_\_\_\_  
Date Returned: \_\_\_\_\_

Firearms Qualifications

Date Issued: \_\_\_\_\_  
Issued By: \_\_\_\_\_

Certificate attached:

Y \_\_\_\_\_ N \_\_\_\_\_