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.

Agency	Denougl2 V N	Date of separation		
County: State:	Renewal? Y N			
Applicant's Name (Last, First and Middle):		County of residence:		
Other Names (nickname, maiden name, alias, etc	c.):	*Social Security Number:	Date of Birth:	
Current Home Address:		City/State/Zip:	Area Code + Phone:	
Mailing Address if Different from Above:		City/State/Zip:	Daytime Phone - area code + phone	
Are you a U.S. Citizen: Y N IF NO, Co				
Place of Birth:		Alien Registration or Admission #		
(non-immigrants only) Type of documentation showing ea	xemption to non-immigrant alien pr			
*Social Security number is voluntary, but may assis			vith a similar name who have had	
contact with law enforcement authorities. It also he that of any other individual.	FOR ADMINISTRATIVE USE ONLY			
I certify that I meet each of the following pursuant to the Law Enforcement Officer United States Code, 926B § 926C). INITIAL EAC. • Separated in good standing from officer, other than for reasons of the detection, investigations, or proviolation of law and had statute. • Before such separation, was regarded and and a statute. • Before such separation, was regarded and and a statute. • Before such separation, was regarded and and statute. • Before such separation, was regarded and substance and separation. • Not under the influence of alcohological substance. • Not under the influence of alcohological substance. • Not prohibited by any State or firearm. • Have in possession a photographic separated from service as a law. Signature of Applicant: (must be signed in presence of Sheriff or Sheriff's states)	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 Qualification Date Issued: By: Certificate Attached: Y N			