



Loudoun County Sheriff's Office

803 Sycolin Road, SE • Leesburg, Virginia 20175

703.777.0407 • 703.777.1021 (24 hr.)

RETIRED LAW ENFORCEMENT OFFICER FIREARMS QUALIFICATION APPLICATION

Date of Application: ___/___/___

Name: _____ Date of Birth: ___/___/___
Last First Middle

Address: _____
Street City, State Zip

SSN: ___-___-___ E-mail Address: _____

Home Phone: _____ Mobile Phone: _____

Agency From Which You Retired: _____ Retirement Date: ___/___/___

Emergency Contact: _____
Name Relationship

Emergency Contact Phone Number: _____

1. Are you prohibited by state or federal law from receiving or possessing firearms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Did you separate for reasons of mental instability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you addicted to or have you ever been addicted to alcohol, or any controlled or dangerous substances? Are you currently being treated for alcoholism, addiction to controlled or dangerous substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If you answered "YES" to any of the above questions, please attach a detailed explanation of each.</i>		
4. (a) Did you separate due to an agency-determined service-related disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) If yes, did you complete your probationary period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have an aggregate of 10 years law enforcement experience?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Did you separate in good standing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby declare and affirm under the penalty of perjury that the contents of this application are true and correct to the best of my knowledge, information and belief and I so indicate by signing in the designated space below. I acknowledge that the Loudoun County Sheriff's Office reserves the right to deny this application.

Applicant Signature: _____ Date: _____

<p>Please include the following items with this application:</p> <ol style="list-style-type: none"> Completed <i>Release of Information Necessary for NCIC/VCIN Query</i> form A copy of your retirement credentials (with photo) 	<p>Mail the completed application packet to:</p> <p>Loudoun County Sheriff's Office Firearms Training Unit 803 Sycolin Rd, SE P.O. Box 7200 Leesburg, VA 20175</p>
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