Clear Fields

Carroll County Sheriff's Office
Qualified Retired Law Enforcement Officer
Application for Certification to Carry a Concealed Firearm
(LEOSA - HB 218)

Name: _____
(First) (M.I.) (Last)

Home Address: _____

_____

_____

Phone Number: _____ Fax: _____
(Include Area Code)

E-Mail Address: _____

DLN & State: _____

Date of Birth: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eye Color: _____ Hair: _____

Date Retired: _____

Weapon Make, Model & Caliber: _____

Serial Number: _____

If the following statements are true and correct, please place your initials next to each one in the space provided:

_____ I understand that in order to carry a concealed firearm as a qualified, retired law enforcement officer in accordance with 18 U.S.C. 926C, I must satisfy certain basic criteria.

_____ I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and I had statutory powers of arrest.

_____ Before retirement, I was either (check one):

- ☐ Regularly employed as a law enforcement officer for fifteen (15) or more years aggregated, *or*
- ☐ I retired after completing probation due to service-connected disability as determined by the agency I retired from.

_____ I have a non-forfeitable right to benefits under my agency's retirement plan

Waiver of Liability, Release & Indemnification Agreement

In consideration of the Carroll County Sheriffs Office granting me permission to observe and participate in police training and qualification sessions and exercises, the sufficiency of which consideration is hereby acknowledged, I hereby agree to the following:

1. I agree to waive and release the Carroll County Sheriff, the Carroll County Sheriffs Office, the Carroll County Government, the Carroll County Commissioners, and each of their directors, officers, agents, and employees, (collectively "the County") from liability for all claims for damage or loss to my person or property which may be caused by any act or failure to act on the part of the County.

2. I agree that if any claim is commenced against the County based on acts that I take or fail to take, I will defend, indemnify, and save the County harmless from any and all claims or causes of action, injuries, or damages.

3. I acknowledge, understand, and assume all risks related to the police training, qualification, and exercises. I understand that these activities may present risk of serious danger to my person (including death) and to my property. These risks and dangers may be caused by my negligence or the negligence of others including other participants, trainers, supervisors and county officials or employees. I further acknowledge that there may be risks and dangers not known to the County or not reasonably foreseeable at this time. I acknowledge, understand, and agree that all of the risks and dangers (regardless of whether specifically described in this agreement or not) however caused are included within this waiver ofliability release and indemnification agreement. I waive any and all specific notice of such risks or potentially dangerous conditions.

4. I acknowledge, understand and assume the risk arising from the training and qualification sessions and exercise as well as the conditions of the training areas and related premises and I acknowledge and understand that included within the scope of this waiver and release are any causes of action arising from the maintenance, inspection, supervision or control of said areas, or the failure to maintain, inspect, supervise or control said area and for failure to warn of dangerous conditions existing at the training area (known or unknown).

5. I have been advised that the Sheriffs Office intends to record, by videotape or other methods, all, or part of the training and qualification sessions and/or exercises in which I will participate or which I may observe. I consent to such recording and understand that the recording will remain at all times the property of the office of the Sheriff.

6. I understand and agree that the parts of this Agreement are severable and that should any part of this agreement be declared unenforceable,

the remainder of this agreement shall nevertheless remain in effect and enforceable to the full extent allowed by law. I understand that I have the right to consult an attorney of my choice, at my own expense, before I sign this agreement.

7. I agree that this Agreement is binding on my agents, heirs and assigns.

8. I certify that 1am 18 years of age, or older, and that I am competent to make this Agreement.

9. I acknowledge that I have been provided with this Agreement at least 5 days before start of the training and qualification sessions and exercise that I have not relied upon any contrary representations expressed or implied of any matter covered by or in any way related to this Agreement.

_____ _____

Participant Signature Date Signed

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of_____ 20 _____

My Commission Expires_____ ***(Seal)***

Carroll County Sheriff ‘s Office
Retired Employee Information Sheet

Please ensure that all information is correct, current, and accurate

Name: _____

Address: _____

State and County of Residence: _____

Phone Number: (home)_____
(other) _____

Date Retired:_____

Weapon Make & Model:_____

Serial Number: _____

Caliber: _____

When completed, mail this page along with the Waiver of Liability Form to:

Carroll County Sheriff ‘s Office
Attn: Training Services Supervisor
100 North Court Street
Westminster, MD 21157

You will be notified of the upcoming range dates.

CARROLL COUNTY SHERIFF'S OFFICE

Documentation of Firearms Training For Retired Police Officers in Maryland

I attest that the individual identified below successfully completed classroom instruction and weapon qualification as prescribed by the Law Enforcement Officers Safety Act (L.E.O.S.A.), Title 18, USC, Chapter 44, Section B, Sub-Section 926C -"Carrying of concealed firearms by qualified retired law enforcement officers" and adopted by the Maryland Police and Correctional Training Commission under COMAR Title 12, Subtitle 04, Chapter 02. Section .11 for annual training and Firearm Qualification for certified police officers.

Name of Retiree:_____
(Print Name)

Former Agency: _____

Date of Firearms Training: _____

Date of Firearms Qualification: _____

Location of Firearms Training: MPCTC Firearms Training Center

Location of Firearms Qualification: MPCTC Firearms Training Center

MPCTC Course Approval No.: Day P1 8389 / Reduce Light P1 8390

Firearm Type and Score: **Pistol** _____ **Revolver** _____

Weapon Make _____ Model _____

I am certified as a Firearms Instructor by the Maryland Police Training Commission.

My Instructor Certification expires on _____
(Date of Expiration)

I solemnly affirm under the penalties of perjury that the foregoing is true to the best of my knowledge, information and belief.

Name of Certified Firearms Instructor:_____
(Print Name)

Signature: _____Date: _____

CARROLL COUNTY SHERIFF'S OFFICE

ANNUAL LEOSA FIREARMS QUALIFICATIONS FORM

TRAINING YEAR	2015

NAME (PRINT)	DOB	Last 4 SSN #

PISTOL MAKE	PISTOL MODEL	PISTOL SERIAL #
REVOLVER MAKE	**MODEL**	**SERIAL #**

WRITTEN TEST PERFORMANCE			
DATE	TEST NAME and #	TYPE	% SCORE
	Mandatory Firearms Classroom P-18099	In-Service	

FIREARMS QUALIFICATION PERFORMANCE					
DATE	TYPE OF WEAPON	TYPE OF QUALIFICATION	MPCTC APPROVAL	NUMERIC SCORE	% SCORE
	Semi-Auto Pistol	Annual Day Fire	P-18389		
	Semi-Auto Pistol	Annual Reduce Light	P-18390		
	Revolver	Annual Day Fire	P-18390		
	Revolver	Annual Reduce Light	P-18390		

QUALIFICATION LEVEL
NOT QUALIFIED ☐ MARKSMAN ☐ SHARPSHOOTER ☐ EXPERT ☐

INSTRUCTOR(s)	RANGE LOCATION & RANGE #
	MPCTC Sykesville Range

CHIEF RANGE OFFICER SIGNATURE:	DATE:
TRAINING SUPERVISOR'S SIGNATURE:	DATE:

CCSO #143 Rev: 08/05 File PER 5-11

CARROLL COUNTY SHERIFF'S OFFICE

20 15 LEOSA Training
Written Test

INSTRUCTOR/EVALUATOR_____

NAME:
DATE: _____ SCORE: _____ P#: P18099

Place a check mark in the space by the correct answer.
The following questions are based on information in this Training. Select the one best answer for each question.

1. The _____ is defined as a positive confirmation that a weapon is safe and empty.

2. _____is responsible for safety on the firearms range.

3. Which of the following is not a general safety rule.

☐ a. Treat all firearms as if they are loaded.
☐ b. Keep your finger outside the trigger guard until you are on target and have decided to fire.
☐ c. Be sure of your target and what is around and beyond it.
☐ d. Do not hand a loaded firearm to or receive a loaded firearm from anyone.
☐ e. Because liability is different with retirees, safety rules do not need to be adhered to.

4. As a retired police officer, your legal rights to use deadly force are

☐ a. The same as an active police officer
☐ b. The same as a citizen

5. As a retired police officer, the standards for liability are the same as

☐ a. A currently sworn officer
☐ b. A citizen

6. Police Officers are generally protected from civil suits by indemnified immunity. As a retired officer, you have no such protection.

☐ a. True
☐ b. False

7. Of the seven fundamentals, which two would be considered the most important

- ☐ a. Grip and Follow through
- ☐ b. Breath control and windage
- ☐ c. Sight alignment and trigger control
- ☐ d. Stance and Dominant eye

8. Which would not be considered a range safety rule

- ☐ a. Do not pick anything up until the line has been declared safe.
- ☐ b. Always keep your muzzle pointed down range.
- ☐ c. Always wear eye and ear protection
- ☐ d. It is OK to draw and dry fire as long as the instructors don't see you.

9. Weapons and ammunition should be stored separately in the home.

- ☐ a. True
- ☐ b. False

10. When traveling from state to state, it is the retiree's responsibility to check state and local laws as firearms carry and transportation are concerned

- ☐ a. True
- ☐ b. False