

<p>MPO_RLE 9-100 (9-2009)</p> <p>COMMONWEALTH OF PENNSYLVANIA Municipal Police Officers' Education & Training Commission</p> <p>PENNSYLVANIA RETIRED OFFICER CONCEALED CARRY ACKNOWLEDGEMENT FORM</p> <p>www.mpoetc.state.pa.us</p>	<p>FOR COMMISSION USE ONLY</p> <p>Date received _____ Qualification card control number assigned _____</p>
<p>Instructions: All questions require an answer. Failure to complete this form in its entirety will delay qualification and the issuance of a qualification card.</p>	
<p>1. I am a resident of the Commonwealth of Pennsylvania</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Prior to retirement, I was (select one response only)</p> <p><input type="checkbox"/> regularly employed as a law enforcement officer for an aggregate of 15 years or more</p> <p><input type="checkbox"/> retired from service with a public agency after completing an applicable probationary period of service, due to a service-connected disability, as determined by that agency.</p>	
<p>3. I intend to qualify with and carry: (select one only) <input type="checkbox"/> Revolver <input type="checkbox"/> (Semi) automatic <input type="checkbox"/> Both</p>	
<p>4. The public agency from which I retired has issued me an identification card pursuant to 37 Pa. Code §221.23</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. I retired in good standing as a law enforcement officer for:</p> <p>Agency: _____</p> <p>City: _____ State</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. I did not retire for reasons of mental instability.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. I am not under the influence of alcohol or other intoxicating or hallucinatory drug or substance, and I will not carry a firearm while I am under the influence of alcohol or other intoxicating or hallucinatory drug or substance.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. I am not prohibited by Federal or Pennsylvania law from possessing or receiving a firearm.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. I understand and acknowledge that the definition of firearm does not include any machine gun, firearms silencer, destructive device, or prohibited offensive weapon.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. I understand and acknowledge that I must meet Pennsylvania's standards for training and qualification for active law enforcement officers to carry a firearm of the same type as my concealed firearm.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. I understand and acknowledge that I must carry Pennsylvania's qualification card along with the identification card issued by my retiring agency when I carry the concealed weapon.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. I understand and acknowledge that the qualification expires 12 months from the date of issuance and it is my responsibility to reapply if I wish to continue to carry under the act and this chapter.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. I understand and acknowledge this authorization applies only to the weapon-type with which I qualified.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. I understand and acknowledge that the qualification from Pennsylvania does not grant me any rights to exercise law enforcement authority or to take police action under any circumstances.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. I understand and acknowledge that a background check is required. I authorize a background check be conducted to determine if I have been convicted of any criminal offenses or have any mental health issues that would disqualify me from possessing a concealed firearm.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

16. I have not been charged with nor convicted of any felony or misdemeanor in Pennsylvania or any similar offenses under any other State or Federal law that would prohibit me from possessing a firearm.

Yes No

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT DISCOVERY OF INFORMATION RELATED TO QUESTIONS #8 and #16 DURING A SUBSEQUENT BACKGROUND CHECK CAN RENDER ME INELIGIBLE FOR RECEIVING A QUALIFICATION CARD. I CERTIFY THAT THE INFORMATION BEING SUBMITTED IS TRUE AND CORRECT UNDER PENALTY OF LAW (18 Pa. C.S. §4904. Unsworn falsification to authorities).

Name (printed) (x)

Signature (x)

____/____/____
MM DD YYYY

TO BE COMPLETED BY THE FIREARMS INSTRUCTOR PRIOR TO QUALIFICATION

- An answer of "no" to any question disqualifies this person from being issued a qualification card under this Act.

I CERTIFY THAT I HAVE REVIEWED THE ACKNOWLEDGEMENT FORM COMPLETED BY _____ AND THAT ALL ANSWERS ARE

(Print name or retired law enforcement officer)

COMPLETE. ADDITIONALLY, I CERTIFY THAT ELIGIBILITY FOR QUALIFICATION WAS BASED ON INFORMATION PROVIDED IN THIS FORM.

Name (printed) (x)

Signature (x)

____/____/____
MM DD YYYY