



# RETIRED LAW ENFORCEMENT OFFICER FIREARMS QUALIFICATION APPLICATION



Type of Application (Check One): Initial  Renewal

Form F-9R (01.19)

Name: \_\_\_\_\_  
Last First Middle

Primary Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M  F  Last Four (4) Digits of Social Security Number: \_\_\_\_\_

Law Enforcement Agency From Which Retired: \_\_\_\_\_  
Agency Name City State

### Applicant's Certification

In making application to the North Carolina Criminal Justice Education and Training Standards Commission for Certification under the Qualified Retired Law Enforcement Officers Firearms Qualification Certification Program, I hereby attest to the following:

- § I am a current resident of the State of North Carolina;
- § I retired or separated in good standing from service with a public agency located in the United States as a law enforcement officer, other than for reasons of mental instability;
- § Prior to retirement or separation, I was authorized by law 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;
- § Prior to retirement or separation, I was regularly employed as a law enforcement officer for a total of 10 years or more, or retired after completing probationary periods of service due to a service-connected disability, as determined by the agency;
- § I am eligible to receive or possess firearms under Federal and North Carolina Law;
- § I am not under indictment or information in any court for a **felony**, or any other crime, for which the judge could imprison me for more than one year. (An information is the formal accusation of a crime by a prosecutor);
- § I have not been convicted in any court of a **felony**, or any crime, for which the judge could imprison me for more than one year, even if I received a shorter sentence including probation;
- § I am not a fugitive from justice;
- § I am not an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance;
- § I have never been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) and have never been committed to a mental institution;
- § I have never been discharged from the Armed Forces under **dishonorable** conditions;
- § I am not subject to a court order restraining me from harassing, stalking, or threatening my child or an intimate partner or a child of such partner;
- § I have never been convicted in any court of a misdemeanor crime of domestic violence;
- § I have never renounced my United States citizenship; and,
- § I am not an alien illegally in the United States.

STATE OF NORTH CAROLINA COUNTY OF \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification, suspension or revocation of my certification. I further understand that any intentional and willful misrepresentation on this form may result in criminal prosecution.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Applicant's Signature

Subscribed and sworn before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public - (Official Seal) My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

**Training and Qualification Certification**

Dates of Firearms Qualification: \_\_\_\_\_

Location: \_\_\_\_\_  
Name of Facility or Location City

Instructor's Name: \_\_\_\_\_

Instructor's Certification Number: \_\_\_\_\_ Date of expiration: \_\_\_\_\_  
(located on instructor certificate)

**Instructor Note:** When firing the qualification courses of fire or the combat courses of fire, the student must be able to get in and out of the shooting positions unassisted. Students are required to fire one day and one-night combat course with one of the weapons that they qualified with.

Weapon(s) qualified with:

1) _____ Make Model	2) _____ Make Model
_____	_____
Day Score Night Score	Day Score Night Score
3) _____ Make Model	4) _____ Make Model
_____	_____
Day Score Night Score	Day Score Night Score

As a certified Specialized Firearms Instructor, I hereby attest that the above named applicant has successfully completed the North Carolina Criminal Justice Education and Training Standard Commission's "Retired Law Enforcement Officers Firearms Qualification Certification Course" as prescribed in 12 NCAC 09H .0102 of the North Carolina Administrative Code and has successfully qualified with the handgun(s) indicated above and completed a day and night combat course of fire.

\_\_\_\_\_  
Instructor's Signature Date

**Application Process**

The original completed and notarized application must be submitted along with the following attachments:

- § A copy of your photographic identification indicating retirement status issued by the law enforcement agency from which you retired; and
- § A certified check or money order for certification fees made payable to the North Carolina Department of Justice. [\$50.00 for an initial one-year qualification application or \$25.00 for an annual renewal application].

The completed application, required supporting documentation and fees should be submitted to:

Criminal Justice Standards Division  
North Carolina Department of Justice  
P.O. Drawer 149  
Raleigh, NC 27602