

Retiree Concealed Handgun Authorization Application
Law Enforcement Officer Safety Act (LEOSA) of 2004 - HR-218

Retired or separated Hartford Police Officers desiring authorization to carry concealed handguns should complete this form and send or e-mail to the addresses listed below.

NOTE: Please schedule your appointment by e-mailing CAVAJ001@hartford.gov
Submit documents to Hartford Police Department ATTN: Range Master, 253 High Street, Hartford CT 06113, or e-mail CAVAJ001@hartford.gov at least 1 month prior to qualification.

* Are you currently active duty Law Enforcement? Yes No

Have you provided a letter of good standing from every other department you have worked for? Yes No

Connecticut Pistol Permit #: _____ (Required)

Name: _____ Date of Birth: _____

Home Address: _____

****Full street address – NO P.O. Box****

Date of Retirement(s): _____ Dept(s) Retired From: _____

Rank at time of retirement(s): _____ Badge #: _____

Home Phone/Cell Phone: _____

Requested date/time at Range: _____

E-mail address: _____

Number of guns you are qualifying with? 1 2

Provide make, model and serial number of the gun/s you are qualifying with:

1. _____

2. _____

I certify that I currently meet the qualifications of "qualified retired law enforcement" as defined by the Federal Law Enforcement Officers Safety Act (aka HR 218). I acknowledge that a qualification under HR 218 does not give me any police powers and that the City of Hartford assumes no liability for any actions I take as an individual.

Print Name

Signature

Date