



MARYLAND TRANSPORTATION AUTHORITY POLICE

Qualified Retired Law Enforcement Officer Application
For Certification to Carry a Concealed Firearm
18 U.S.C. 926C



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|--|--|
| Check One <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application | Check One <input type="checkbox"/> MDTA Police Retiree <input type="checkbox"/> Non-MDTA Police Retiree (Current MDTA Employee) |
|--|--|

Complete all information as requested. Incomplete or incorrect information will cause delay in the issuance of a State of Maryland Law Enforcement Officer Safety Act (LEOSA) Card. If your retirement is as a result of service with more than one agency, list the most recent agency in the area provided followed by all other agencies with which you earned retirement credit. Include full contact information for each agency. If you received retirement credit with more than two (2) agencies, attach additional sheet with the appropriate agency information.

Applicant

| | | | | | | | | |
|---|------|----------------|--------|--|--|----------------|----------------|-----------------|
| Applicant's Name (Last, First, Middle, SFX) | | | | Street Address (Must be a Valid Residential Address - Business / PO Box Addresses Not Allowed) | | | | |
| Date of Birth | Age | Place of Birth | | City | State | Zip Code | | |
| Sex | Race | Weight | Height | Hair Color | Eye Color | Home Phone No. | Cell Phone | Email Address |
| Driver's License Number | | | State | Expiration Date | Current LEOSA Permit <input type="checkbox"/> Yes <input type="checkbox"/> No | | Issuing Agency | Expiration Date |

Previous Law Enforcement Employment

| | | | | | | | |
|--|--|-------|----------|-----------------------|--|--|--|
| Law Enforcement Department's Complete Name (Most Recent) | | | | Business Address | | | |
| City | | State | Zip code | Business Phone Number | | Total Aggregate Time of Law Enforcement Service _____ Years _____ Months | |
| Law Enforcement Position Held - Must prove your position had statutory powers of arrest i.e.: Police Officer, State Trooper, Deputy Sheriff etc. | | | | | | Dates of Service with this Agency From: _____ To: _____ | |

Eligibility

| APPLICANTS MUST ANSWER "YES" OR "NO" AND INITIAL BEFORE PROCEEDING | Yes or No | Initial |
|---|--|---------|
| I DID separate from service in good standing from service with a public agency as a law enforcement officer (without any open investigations, discipline, and/or administrative action). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Before such 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 had statutory powers of arrest. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Before separation, were you regularly employed as a law enforcement officer for a total of 10 years or more or did you separate from service after completing probation due to a service disability as declared by the agency you separated from? Answer yes if either apply. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I DID complete the applicable probationary period, as required by my agency, before such separation. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I have NEVER been found by a qualified medical professional employed by my agency to be unqualified for reasons relating to mental health. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I NEVER entered into an agreement with the agency from which I separated from service, in which I acknowledged that I am not qualified for reasons relating to mental health. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I have NEVER been convicted of any crime of Domestic Violence. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I am NOT currently the Respondent to a protection order. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I have NEVER spent more than 30 consecutive days in a medical institution for treatment of a mental disorder, including voluntary commitment. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I have NOT been deemed ineligible to possess a firearm by a court, doctor, and/or other competent authority due to a finding of mental disorder. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I have NEVER been convicted of any crime which prohibits the possession of a firearm. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I AM NOT an alcoholic, nor am I an unlawful user of controlled dangerous substances (as defined by applicable law). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I AM NOT prohibited by Federal, State, or Local law, for any other reason, from possessing a firearm. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If you answered **No** to **ANY** of the above questions you **DO NOT** qualify for LEOSA



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Acknowledgment

| APPLICANTS MUST INITIAL EACH ITEM BELOW INDICATING THAT THEY UNDERSTAND | INITIALS |
|---|----------|
| I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with the Law Enforcement Officers Safety Act (LEOSA) of 2004, Title 18 U.S.C. 926C, I must satisfy certain basic criteria. I also understand that the Maryland Transportation Authority Police reserves the right to deny the issuance of a LEOSA certification card, or revoke an existing LEOSA certification card, if the eligibility status of an individual cannot be established or the individual's status has changed making them ineligible. Appeals must be submitted in writing to the Office of the Chief of the Maryland Transportation Authority Police. | |
| I understand that the term "firearm" does not include a submachinegun, firearm silencer, or destructive device. | |
| I understand that the Law Enforcement Officers Safety Act of 2004, 18 U. S. C. 926C, does not give me any rights whatsoever to exercise law enforcement authority or take police action under any circumstances. | |
| I understand that I must carry the State of Maryland Law Enforcement Officers Safety Act of 2004 (LEOSA) certification card, along with the photographic identification card issued by my agency upon retirement, when I carry the concealed handgun. | |
| I understand that my LEOSA certification expires on the date listed on the permit and that I may only carry a firearm with a valid LEOSA card. | |
| I understand that I may only carry the firearm type (Revolver/Semi-Auto Handgun) that I have qualified with. Furthermore, the firearm and ammunition must be approved by the agency Rangemaster or designee. | |
| I understand that I cannot carry a firearm while under the influence of alcohol or drugs. | |
| I understand that it is my responsibility to notify this agency if I become the subject of any criminal or civil charges as listed in this document. | |

Authorization for Release of Information

I authorize the Department of Health and Mental Hygiene, or any other similar agency or department of another state, to disclose to the Maryland Transportation Authority Police Department information limited to whether I suffer from a mental disorder as defined in § 10-101(f)(2) of the Health -- General Article and have a history of violent behavior against anyone; or whether I have been confined for more than 30 consecutive days to a mental health facility as defined in § 10-101 of the Health--General Article.

I acknowledge that this information will be used, solely as part of the investigation required by Title 5, Subtitle 3 of the Public Safety Article, Annotated code of Maryland, to determine my eligibility to possess a regulated firearm in order to obtain a permit to carry a handgun. In the event that my application is disapproved, I acknowledge that this authorization and any information obtained via this authorization may be used in any proceeding relation to such disapproval.

I further acknowledge that I may at any time, except to the extent that the Maryland Transportation Authority Police Department has already taken action in reliance on it, revoke this authorization by submitting a request for revocation in writing. If not previously revoked, this authorization will terminate one year after the date I sign this application or upon notification to me of the denial of this application, whichever occurs first.

Release From Liability

I, the undersigned, hereby request permission to participate in the Maryland Transportation Authority Police Firearm's Qualification Course for the purpose of qualifying with my personal firearm under the provisions of Title 18, Chapter 44, Section 926C of the United States Code. I understand that there are dangers inherent in this training and I agree to assume all risks of injury to my person and damage to my property that may result from same.

In consideration of being permitted to participate in the Maryland Transportation Authority Police Firearms Qualification Course, I, myself, my heirs, insurers, legal representatives and assigns, release and hold harmless the Maryland Transportation Authority Police and anyone associated with this firearms qualification/training from all claims, demands, and causes of action for any and all damage, bodily injury, or liability of any kind that might arise out of this activity. I hereby agree not to bring suit or other legal action against the Maryland Transportation Authority or its associates arising directly or indirectly from my participation in the Maryland Transportation Authority Police Firearms Qualification Course.

By signing this form, I acknowledge that I have read and fully understand the terms of this Release. My agreement to this release and attendance/participation in this activity is done freely and voluntarily. If I am currently employed by the Maryland Transportation Authority, LEOSA qualification is performed without association.

Applicant Declaration

I do hereby declare and affirm under penalties of perjury that the contents of this application and all required attachments are true and correct to the best of my knowledge, information, and belief. Furthermore, by my signature, I agree that I have reviewed this entire document, understand the information contained herein, and agree to all conditions, requirements, and releases set forth herein.

| | | |
|---------------------------|------------------------|------|
| Printed Name of Applicant | Signature of Applicant | Date |
|---------------------------|------------------------|------|

Firearm/Range Qualification and Approval

(This Section Internal Use Only)

| | | | | |
|---|---|----------------------------------|--|---|
| Weapon Type <input type="checkbox"/> Semi-Automatic <input type="checkbox"/> Revolver | Make | Model | Caliber | Serial Number |
| Law Enforcement Department Conducting Qualification Maryland Transportation Authority Police | Business Address 4330 Broening Highway Baltimore, MD 21222 | | | |
| Date of Qualification | Location of Qualification | Score Day- | Score LL- | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Printed Name and PIN of Agency Firearms Instructor | | Signature of Firearms Instructor | | Date |
| NCIC / METERS Check Conducted By | IAU Check Conducted By | Reviewed By | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Date |



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LEOSA Instructions and Process

All Initial and Renewal LEOSA applicants must accurately and completely fill out the applicable LEOSA form (MDTA 143). This form shall be typed and submitted electronically.

The LEOSA certification is good for one year from the date of issuance.

Upon completing the MDTA form 143, LEOSA applicants will electronically choose a range date from the MDTA Police LEOSA web page. LEOSA range qualification sessions are typically offered once a month.

Upon receipt of the application and range date, the Training Unit will ensure that the LEOSA applicant is eligible for the LEOSA program. This occurs for both initial LEOSA Applicants and Renewal LEOSA Applicants. This verification consists of a verification of "good standing" through consultation with the Maryland Transportation Authority Police Internal Affairs Unit and a METERS/NCIC check by the Maryland Transportation Authority Police Background Unit.

When reporting to the range, applicants are reminded to bring their firearm (clean, lubricated, and functional), three magazines or speed loaders, and at least 100 rounds of ammunition. Applicants shall be properly attired. Shorts, sweat clothes, flip flops, open toe shoes, low cut shirts, etc. are not acceptable. The range staff reserves the right to deny qualification to anyone who is improperly attired. Similarly, the range staff reserves the right to deny qualification to anyone who is deemed to be unsafe or unfit for qualification.

Upon arrival at the range, LEOSA applicants shall report to the appropriate MDTA range staff. Loaded weapons are not permitted in the Firearms Training Facility building.

The qualification component consists of a classroom component and a live fire component. Those who fail either component shall be given two additional attempts that day to pass. Those who fail on these attempts must return to the range the following month on a regularly scheduled LEOSA range date (as scheduled by the Range Master or designee).

Upon successful completion, the applicant will be presented with an updated LEOSA ID.

At the completion of the range day, the paperwork and any applicable documents shall be delivered to the Training Unit by the Range Master or designee for filing as appropriate.

Individuals wishing to appeal a denial or revocation must do so in writing through the Office of the Chief of the Maryland Transportation Authority Police.