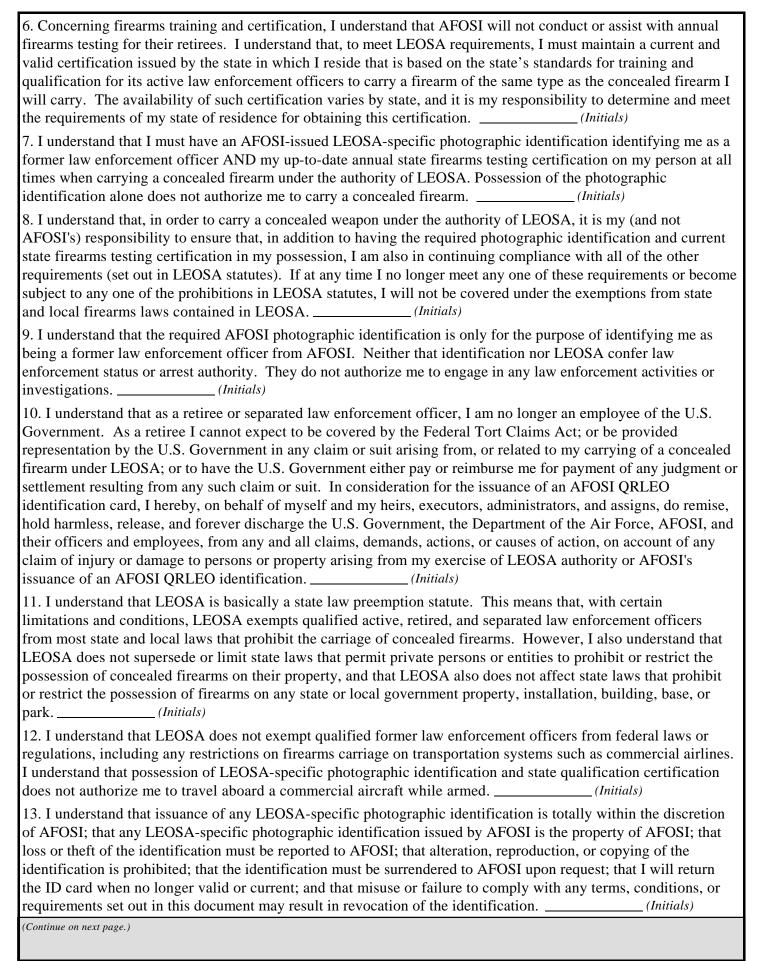
## AFOSI LAW ENFORCEMENT OFFICER SAFETY ACT (LEOSA) OF 2004 ACKNOWLEDGMENT

Purpose: The purpose of this form is for Qualified Former Law Enforcement Officers (QFLEO) to apply for an

identification (ID) card to be issued by HQ AFOSI.
By the requestor initialing beneath each item below and signing at the end of this request, the requestor acknowledges his/her understanding of and agreement with all of the statements, terms, conditions, and requirements included herein.
1. I request that AFOSI issue me a photographic identification (as that term is used in the Law Enforcement Officers Safety Act of 2004, also referred to as LEOSA or H.R. 218) identifying me as a qualified law enforcement officer who retired or separated from AFOSI(Initials)
2. I have read and fully understand the Law Enforcement Officer Safety Act of 2004 and DoD Instruction 5525.12, Implementation of the Law Enforcement Officers Safety Act(Initials)
3. I meet the following requirements set out in LEOSA, 18 USC 926(c), for being a "qualified former law enforcement officer" in that I:
<ul><li>(a) retired or separated in good standing from AFOSI service as a law enforcement officer, other than for reasons of mental instability;</li><li>(b) before such retirement or separation, 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;</li><li>(c)</li></ul>
<ul><li>(1) before such retirement or separation, was regularly employed as a law enforcement officer for an aggregate of 10 years or more; or</li><li>(2) retired or separated from service with AFOSI, after completing any applicable probationary period of such service, as a result of a service-connected disability;</li></ul>
(d) agree not to carry a firearm while under the influence of alcohol or another intoxicating or hallucinatory drug or substance; (e) during the most recent 12-month period, I have, at my own expense, met the standards for training and qualification for active law enforcement officers in the state in which I reside (copy attached); and (f) am not prohibited by federal law from receiving or carrying a firearm; (I have read the list of those categories of persons prohibited by federal law (18 USC 922(g) and (n)) from receiving a firearm set out in the Appendix to this packet)(Initials)
4. At the time of my retirement or separation there were no removal of authority to arm, psychological fitness for duty issues, suspension of security clearance, or removal (proposed or final) actions pending against me.
(Initials) NOTE: If there were or are any such actions pending, please provide the details and any explanation on a separate piece of paper attached to this package. Initial here if additional detail or explanation is attached(Initials)
5. I authorize AFOSI to review my personnel records and/or any internal agency reports of investigation or management inquiries that may affect my fitness to carry a firearm. I further authorize AFOSI to release to the certifying authority of the state in which I will seek certification the results of any derogatory information in AFOSI's possession to the extent it is relevant to my fitness to carry a weapon. By initialing this paragraph, I waive all Privacy Act and other legal rights and remedies against such disclosure and indemnify AFOSI and hold it harmless against any liability for such release(Initials)
(Continue on next page.)



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I, the Requestor, confirm my understand requirements included above and that all is accurate to the best of my knowledge.	l of the information I have included	
Requestor's Name (Printed)	Requestor's Signature	Date
SIGNATURE OF NOTARY		
The above-named requestor,		, appeared before me in person, signed
this packet in my presence, and I verifie	ed his/her identity via a government-	issued identification.
Signature of Notary	Date	
Notary's Printed Name and Seal		

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