

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:
 - (a) retired or separated in good standing from AFOSI service as a law enforcement officer, other than for reasons of mental instability;
 - (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;
 - (c)
 - (1) before such retirement or separation, was regularly employed as a law enforcement officer for an aggregate of 10 years or more; or
 - (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;
 - (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.)

6. Concerning firearms training and certification, I understand that AFOSI will not conduct or assist with annual firearms testing for their retirees. I understand that, to meet LEOSA requirements, I must maintain a current and valid certification issued by the state in which I reside that is based on the state's standards for training and qualification for its active law enforcement officers to carry a firearm of the same type as the concealed firearm I will carry. The availability of such certification varies by state, and it is my responsibility to determine and meet the requirements of my state of residence for obtaining this certification. _____ (Initials)

7. I understand that I must have an AFOSI-issued LEOSA-specific photographic identification identifying me as a former law enforcement officer AND my up-to-date annual state firearms testing certification on my person at all times when carrying a concealed firearm under the authority of LEOSA. Possession of the photographic identification alone does not authorize me to carry a concealed firearm. _____ (Initials)

8. I understand that, in order to carry a concealed weapon under the authority of LEOSA, it is my (and not AFOSI's) responsibility to ensure that, in addition to having the required photographic identification and current state firearms testing certification in my possession, I am also in continuing compliance with all of the other requirements (set out in LEOSA statutes). If at any time I no longer meet any one of these requirements or become subject to any one of the prohibitions in LEOSA statutes, I will not be covered under the exemptions from state and local firearms laws contained in LEOSA. _____ (Initials)

9. I understand that the required AFOSI photographic identification is only for the purpose of identifying me as being a former law enforcement officer from AFOSI. Neither that identification nor LEOSA confer law enforcement status or arrest authority. They do not authorize me to engage in any law enforcement activities or investigations. _____ (Initials)

10. I understand that as a retiree or separated law enforcement officer, I am no longer an employee of the U.S. Government. As a retiree I cannot expect to be covered by the Federal Tort Claims Act; or be provided representation by the U.S. Government in any claim or suit arising from, or related to my carrying of a concealed firearm under LEOSA; or to have the U.S. Government either pay or reimburse me for payment of any judgment or settlement resulting from any such claim or suit. In consideration for the issuance of an AFOSI QRLEO identification card, I hereby, on behalf of myself and my heirs, executors, administrators, and assigns, do remise, hold harmless, release, and forever discharge the U.S. Government, the Department of the Air Force, AFOSI, and their officers and employees, from any and all claims, demands, actions, or causes of action, on account of any claim of injury or damage to persons or property arising from my exercise of LEOSA authority or AFOSI's issuance of an AFOSI QRLEO identification. _____ (Initials)

11. I understand that LEOSA is basically a state law preemption statute. This means that, with certain limitations and conditions, LEOSA exempts qualified active, retired, and separated law enforcement officers from most state and local laws that prohibit the carriage of concealed firearms. However, I also understand that LEOSA does not supersede or limit state laws that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property, and that LEOSA also does not affect state laws that prohibit or restrict the possession of firearms on any state or local government property, installation, building, base, or park. _____ (Initials)

12. I understand that LEOSA does not exempt qualified former law enforcement officers from federal laws or regulations, including any restrictions on firearms carriage on transportation systems such as commercial airlines. I understand that possession of LEOSA-specific photographic identification and state qualification certification does not authorize me to travel aboard a commercial aircraft while armed. _____ (Initials)

13. I understand that issuance of any LEOSA-specific photographic identification is totally within the discretion of AFOSI; that any LEOSA-specific photographic identification issued by AFOSI is the property of AFOSI; that loss or theft of the identification must be reported to AFOSI; that alteration, reproduction, or copying of the identification is prohibited; that the identification must be surrendered to AFOSI upon request; that I will return the ID card when no longer valid or current; and that misuse or failure to comply with any terms, conditions, or requirements set out in this document may result in revocation of the identification. _____ (Initials)

(Continue on next page.)

I, the Requestor, confirm my understanding of, and agreement with, all of the statements, terms, conditions, and requirements included above and that all of the information I have included in this request form (and attachments) is accurate to the best of my knowledge.

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 verified his/her identity via a government-issued identification.

Signature of Notary

Date

Notary's Printed Name and Seal