

INSTRUCTIONS FOR REQUESTING AN AFOSI LEOSA ID CARD
Updated: 1 February 2018

As of February 2016, we no longer require weapons qualification documents for LEOSA ID packages. These instructions have been updated below.

Original instructions: **ALL DOCUMENTS CAN BE EMAILED TO HQ AFOSI/IGE.**

Step 1. Complete and sign memorandum requesting the LEOSA ID Card (See page 5/6).

Step 2. Complete the AFOSI Form 108. (See page 8, 9, & 10)

Step 3. Submit records to show proof of service.

Civilian Agents: Attach copies of SF 50s. This includes your retirement or separation SF 50 and your initial appointment SF 50. In place of the initial appointment SF 50, you may substitute an SF 50 showing your 1811 service date to verify you have the qualifying number of years of service (10 years). The SF 50s must show that you are a former AFOSI Special Agent in an armed law enforcement position with of AFOSI and that you met the qualification requirements outline in DoDI 5525.12. If your AFOSI career does not cover the minimum number of years required, submit additional SF 50s from other law enforcement agencies or other documentation to prove that you had the required number of years of law enforcement experience. If you are a current Federal employee, you may obtain a copy of your latest SF 50 from HQ AFOSI, Civilian Personnel Operations (HQ AFOSI/DPCC). If you are a retired or separated Federal employee, you may obtain it by contacting the following address:

National Personnel Records Center
111 Winnebago Street
St. Louis, MO 63118-4126
Phone: 314-801-9250
E-mail: cpr.center@nara.gov

The written request to the National Personnel Records Center-National Archives and Records Administration (NPRC-NARA) must include:

- Your Name.
- Your Date of Birth.
- Your Social Security Number.
- The Agency Name (AFOSI).
- Dates of service.
- Retirement Date.
- Return address for the SF 50.
- Your signature of authorization.

The copy is free and takes 10 to 15 days to be processed and sent.

Military Agents: Attach a copy of your DD Form 214. The DD Form 214 must show you served in an armed law enforcement position with AFOSI (AFOSI agent career field) and that

you met the qualification requirements outline in DoDI 5525.12. The DD Form 214 may not include sufficient information to confirm those who retired more than 10 years prior. Due to records retention rules, HQ AFOSI may not have records to verify qualifications. For those applicants, HQ AFOSI/IG may ask the applicant to provide additional supporting documentations.

IMA Agents: To establish yourself as retired from OSI, provide a copy of your ARPC Retirement Order, which will contain your last assignment before retirement. To establish at least 10 years of duty as an OSI Special Agent, you can provide one of the following:

A copy of your Duty History SURF. If you do not have one listing your AFSC and your assignments, you can obtain a copy by contacting the ARPC Call Center at (210) 565-0102 or (800) 525-0102.

Your performance appraisals (OPRs/EPRs) covering at least 10 years. If you do not have them, you can obtain copies from ARPC using the Call Center telephone numbers above.

DD214s. If you performed at least 10 years on active duty as an OSI agent and this is reflected on your DD214s, these can be submitted.

DD2586, Verification of Military Experience and Training (VMET). This can be obtained online through the following steps:

- Go to milConnect at <https://www.dmdc.osd.mil/milconnect>
- Sign in (you may need to create an account)
- Go to "Verification of Military Experience and Training (VMET) (found under Quick Links), which takes you to "Transition GPS"
- Select the VMET option
- Select "Access VMET Documents"
- Select the VMET Document (DD-2586) radial button and select "Submit"
- Save the pdf document

Even if you retired as a reservist many years ago, ARPC advises your records are accessible to them without having to go to the National Personnel Records Center in St Louis. Because all of these documents contain your SSAN, they cannot be sent to you electronically but must be mailed.

Step 4. E-mail two JPEG/JPG files to ig.afosi@us.af.mil. You may also mail compact discs containing the files to HQ AFOSI/IG.

- One clear, current, and focused photograph will consist of a head and shoulder digital color portrait of the QFLEO dressed in business attire (e.g., coat and tie for men). The digital photograph should be taken at the highest camera resolution possible. Do not alter the size of the digital photograph. Photographs will be taken against a light blue colored background. QFLEOs who wear prescription glasses full time will wear them when the photograph is taken.

This digital file must be titled using the QFLEO's last name and the last four numbers of the SSAN followed by a P (denotes photograph) and in the JPEG/JPG format (e.g. Rockowitz1234 P). If you cannot obtain a digital photograph, please include two passport-sized color photos when you submit this packet.

- (See page 7) One clear and focused JPEG/JPG file showing ONLY the QFLEO's signature as normally written. The signature must match the printed name on the Request for AFOSI LEOSA ID card (attachment 3) on the identification and be on a WHITE BACKGROUND. This file must be titled using the QFLEO's last name followed by the last four numbers of the SSAN and an S (denoting signature) in the JPEG/JPG format (e.g., Rockowitz1234 S). A JPEG/JPG of the signature can be achieved using a signature pad, scanner, or digital camera. A digital camera photograph is the most complex way of capturing a signature, but it is the most certain way to achieve a JPEG/JPG file. If you cannot obtain a JPEG/JPG image of your signature, please sign your signature on a blank piece of white paper and send it to HQ AFOSI/IGE. This signature must be a minimum of 1/2-inch in height. If the applicant has no capability to scan to a digital JPEG/JPG, the below sample signature card can be signed and provided in hard copy.

If desired, applicant may delay providing digital photograph and signature pending approval of the application from IG office. This will allow applicants who do not have immediate access or capability to begin the application process and provide the digital files upon notification from the IG office that the application has been approved.

Mailing Address:

HQ AFOSI/IGE
27130 Telegraph Road
Quantico VA 22134

Email Address:

ig.afosi@us.af.mil

Step 5. Criminal history checks are not required for AFOSI employees. AFOSI is prohibited from conducting NCIC checks for retiree applicants for the purpose of LEOSA. Submit a request through CJIS for Identity History Summary using the link below:

<http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/submitting-an-identity-history-summary-request-to-the-fbi>

The I-783 form must be sent directly to AFOSI/IG, not to the applicant. It is downloadable from the link above but an I-783 form with the AFOSI address already included can be found at the AFOSI public website. There is no estimate on how long it will take to complete this process so applicants should consider submitting the criminal history check first.

When submitting FBI fingerprints, applicants should use AFOSI's ORI: VA OSI 0100

If applicants fail to use this ORI and their prints are rejected, AFOSI cannot discuss the failure and pursue other options with CJIS.

There is an option to use FBI approved channelers for these types of requests. The link above has a section on the right titled Channeler Option, you will see an FBI Approved Channeler List. Channelers are companies that have been approved by the FBI to complete the Identity History Summary by taking an applicant's fingerprints digitally and processing the requests. Some requests are complete on the same day. If you use a channeler, they can send the results to the IGE address listed in the instructions. If they cannot or will not send the results to the IG address

below, we will accept them from the member as long as they contain the results of the records check and a signature from the CJIS representative. Because of the risk of personal information (i.e., SSN, DOB, etc) being transmitted in an unsecure manner, we will not accept these via email.



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE OFFICE OF SPECIAL INVESTIGATIONS
QUANTICO VIRGINIA

Date

MEMORANDUM FOR HQ AFOSI/IG
27130 TELEGRAPH ROAD
QUANTICO, VA 22134

FROM:

SUBJECT: Request for AFOSI Law Enforcement Officers Safety Act (LEOSA) Identification Card

1. In accordance with AFOSII 90-203, I request issuance of an AFOSI LEOSA identification card. I have attached the original notarized AFOSI Form 108. I have also attached a copy of my SF 50 or SF 52 (civilians only) or DD Form 214 (military only) which shows that I am a former AFOSI Special Agent and meet the requirements outlined in DoDI 5525.12.

2. I wish to have my name appear on the AFOSI LEOSA identification card as
(Printed Name of Requestor—must match your SF 50, SF 52 or DD Form 214):

_____.

3. If approved, send the AFOSI LEOSA identification card to me at the address listed below. I have also included my phone number(s) and e-mail address if you need to reach me.

Full name:
Address:
City, State, Zipcode:
Phone Number(s):
E-mail:

Requestor's Signature

5 Attachments:

1. Notarized AFOSI Form 108
2. Proof of service docs
3. 2 photos
4. FBI check (if applicable)
5. Signature Card

1st Ind to HQ AFOSI/IG, _____ , LEOSA ID Card Request
Date

MEMORANDUM FOR HQ AFOSI/IG

Inspector General or Representative

Signature Card

Sign official signature (first, MI, last) within the box. Do not touch the lines, Use heavy black ink.

A large, empty rectangular box with a thick black border, intended for a signature.

Print name as it will appear on credential/ID below:

Name: _____

Address: _____

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