



DIVISION OF CRIMINAL INVESTIGATION

Retiree Handgun Application

Supplementary Information

Instructions

All Law Enforcement Retiree Concealed Carry Applicants requesting yearly LEOSA qualification from a Wisconsin Department of Justice (WI DOJ), Division of Criminal Investigation (DCI) sponsored LEOSA qualification course must complete this form and submit as directed. A copy of the DCI qualification courses can be found on the DOJ website: [Law Enforcement Officer's Safety Act \(LEOSA\) | Wisconsin Department of Justice \(state.wi.us\)](http://www.doj.state.wi.us/Law-Enforcement-Officer's-Safety-Act-(LEOSA)-Wisconsin-Department-of-Justice-(state.wi.us))

DCI only issues the LEOSA cards to retired DCI agents. Retired federal and out-of-state LEOs, who reside in Wisconsin, may take the DCI sponsored qualification course but must submit their application as required by WI DOJ.

DCI Retirees

1. Submit completed form to dcitraining@doj.state.wi.us by clicking the Submit button.
2. Submit a photograph (photograph MUST meet the below requirements).
3. Print form and sign form (to take to your selected range date).
4. On your selected range date, you are required to bring the following with you:
 - a. A copy of the signed form.
 - b. 50 rounds of ammunition for each qualification course attempt.
 - c. Personal ear and eye protection.
5. Submit instructor signed and dated qualification certificate.

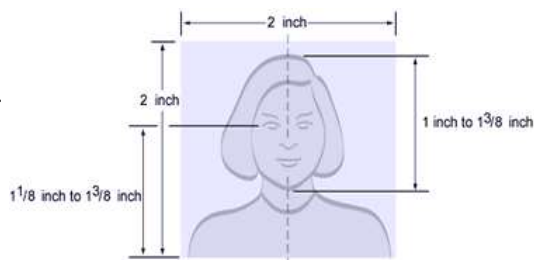
Federal and Out-of-State Retirees

1. Submit completed form to dcitraining@doj.state.wi.us by clicking the Submit button.
2. Print form and sign form (to take to your selected range date).
3. On your selected range date, you are required to bring the following with you:
 - a. A copy of the signed form.
 - b. 50 rounds of ammunition for each qualification course attempt.
 - c. Personal ear and eye protection.
4. Once you receive your qualification certificate, follow the WI DOJ website to complete your application process.

DCI Retiree Photograph Requirements

The one photograph required for a certification card must be included with the application which meets the requirements for a passport photo.

- In color
- Printed on photo quality paper
- Taken in front of a plain white or off-white background
- Taken in full-face view directly facing the camera
- With a neutral facial expression and both eyes open
- 2 x 2 inches (51 x 51 mm) in size. Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head. Taken within the last 6 months to reflect your current appearance.
- Taken in clothing normally worn on a daily basis (Uniforms should not be worn except religious clothing that is worn daily. Do not wear a hat or head covering unless worn daily for a religious purpose. Your full face must be visible, and the head covering must not cause any shadows on your face.
- Headphones, wireless hands-free devices or similar items are not acceptable in your photo. Dark glasses or non-prescription glasses with tinted lenses are not acceptable unless needed for medical reasons.
- If you normally wear prescription glasses, a hearing device or similar articles, they may be worn in your photo. Glare on glasses is not acceptable in your photo.





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Retired DCI Agent - NEW

Applicant Information

Name (Last, First MI):			DOB:		Place of Birth:	
Sex:	Race:	Eye Color:		Height:	Driver License #:	
State DL Issued: Wisconsin			Home Phone:		Cell Phone:	
Home Address (Street, City, State Zip):						
E-mail Address:						
DCI Employment		Date of Hire:			Date of Retirement:	

Background Check

Since your official retirement date, if 1-15 are answered "yes," provide dates, names, and/or locations.

1. I am prohibited by federal law from receiving a firearm. Yes No
2. Have you ever been convicted of a felony, in any court, including a felony in Wisconsin or a crime committed elsewhere that would be a felony in Wisconsin, or any other crime for which the judgment could have imprisoned you for more than one year? Yes No
3. Are you currently under indictment for a felony charge pending against you, or any other crime, in any court, for which the judgment could imprison you for more than one year? Yes No
4. Have you ever been convicted of a crime that has been expunged or sealed? Yes No
5. Are you on probation for any offenses? Yes No
6. Are you a fugitive from justice? Yes No
7. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic or controlled substance? Yes No
8. Have you ever been dependant on the use of a narcotic, controlled substance, or over the counter medication? Yes No
9. Are you taking any prescription medication(s) or using other medications which would impair your ability to carry a firearm? Yes No
10. Are you currently under the influence of alcohol or another intoxicating or hallucinatory drug or substance? Yes No
11. Are you subject to any court order (domestic abuse injunction, domestic tribal injunction, child abuse injunctions, harassment injunction) that prohibits you from possessing a firearm? Yes No
12. Have you ever been convicted of any offense, in any jurisdiction, related to domestic violence, or are you the subject of any investigation related to domestic violence? Yes No
13. Have you been convicted of any offense, in any jurisdiction, related to purposely, knowingly or recklessly causing bodily injury, or attempting to cause bodily injury? Yes No
14. Have you been convicted of any offense in any jurisdiction related to negligently causing bodily injury to another with a weapon or other means? Yes No
15. Have you ever been involved in any accident or event which may inhibit or limit your abilities to carry or properly use a firearm? Yes No

I authorize DCI to conduct a complete local, state, and federal check on me to determine whether I am prohibited from receiving a firearm under local, state or federal law.

Acknowledgment

ALL applicants must acknowledge the below statement.

16. I have read and am familiar with the provisions of LEOSA, as set forth in Public Law 108-277, Yes
codified as 18 U.S.C. § 926, and also Wis. Stat. § 175.49.

DCI LEOSA ID Card Acknowledgments

Applicants requesting the DCI LEOSA identification card (retired DCI agents) must acknowledge 17-20.

17. I understand that a DCI LEOSA identification card is not automatically renewable and that I Yes
must reapply for a card after the expiration of the initial one year period and each year thereafter,
if I wish to continue to carry a concealed firearm pursuant to LEOSA.

18. All DCI LEOSA identification cards are and remain at all times the property of DCI. I shall Yes
surrender my identification card to the Administrator or the Administrator's designee upon
written notice setting forth the reasons for such surrender.

19. I understand that the DCI LEOSA identification card does not confer any law enforcement Yes
authority and is strictly limited to the provisions of LEOSA, commonly referred to as HR218
and codified as 18 U.S.C. § 926B and C.

20. I understand that any authorization regarding concealed carry under the DCI LEOSA policy is Yes
strictly limited to the type of firearm with which the individual qualified hereunder.

Signatures/DCI LEOSA Qualification Course

I certify that the above information is true and accurate. I understand that failure to respond truthfully shall be cause for the department to deny retired special agents concealed carry authorization.

Signature: _____

Print Name: _____ Date: _____

**Please enter the date and location of the DCI LEOSA qualification course you are requesting to attend (see website for choices):

Date: Location:

With what type of weapon do you intend to qualify: Semiautomatic Pistol Revolver Both

The HR218 application of _____ has been reviewed by the Administrator of DCI and the applicant has been approved to participate in the DCI LEOSA qualification course.

Administrator, DCI