

State of Wisconsin Former Federal or Out-of-State Officer Concealed Carry Affirmation



Instructions. Section 175.49(3) of the Wisconsin Statutes permits the Wisconsin Department of Justice (“DOJ”), under specified conditions, to issue a firearm certification card to former federal and former out-of-state law enforcement officers who reside in Wisconsin. Before issuing such a card, DOJ is required to verify certain information about the former federal or out-of-state officer, including the information requested on the front of this form. These requirements are established in Wis. Stat § 175.49(3)(b)1.-3. and reflect parallel federal-law requirements located at 18 U.S.C. § 926C(a)(1), (3), and (5).

Any former federal or out-of-state law enforcement officer applying for a certification card under Wis. Stat. § 175.49(3) should have this form completed and signed by an official of the federal or out-of-state law enforcement agency from which the applicant separated from service who is capable of verifying the requested information about the applicant. When the form has been completed and signed, it should be submitted with the application by the applicant.

I hereby affirm the following with respect to _____ (hereafter, “the Applicant”)
[name of applicant]

The Applicant was formerly employed as a law enforcement officer with _____ (hereafter, “the Agency”) from _____ to _____;
[starting year] [ending year] [name of agency]

The Applicant separated from service with the Agency in good standing;

One of the following applies to the Applicant (**check the entry that applies**):

- Prior to separation from service with the Agency, the Applicant served as a law enforcement officer for an aggregate of at least ten years.
- The Applicant, after having completed any applicable probationary period, separated from service with the Agency due to a service-connected disability, as determined by the Agency.

No medical professional employed by the Agency has found the Applicant to be unqualified to be a law enforcement officer for reasons related to the Applicant’s mental health.

The Applicant and the Agency have not entered into any agreement in which the Applicant acknowledges that the Applicant is not qualified to be a law enforcement officer for reasons related to the Applicant’s mental health.

[Signature of official of the Agency]

[Printed name official of the Agency]

[Position with the Agency & contact phone number]