



Law Enforcement Safety Act of 2004 Retirement Qualification & Waiver

THIS SECTION TO BE FILLED OUT BY THE FIREARMS INSTRUCTOR

I am a qualified firearms instructor approved in/for _____.
name of county/agency

On _____ participated in the qualification course approved
date name of applicant

by the Nevada Sheriffs' and Chiefs' Association for retired law enforcement officers.

The applicant's score was which is passing.

The applicant has successfully qualified with revolver, semi-automatic or both.

name of instructor (printed)

instructor's signature

THIS SECTION TO BE FILLED OUT BY THE RETIREE

Name: _____ AKA/Maiden Name: _____

DOB: _____ SSAN: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____, attest that I have had a minimum of 15 years of service in law
retiree
enforcement. I further attest that I retired in good standing with _____,
name of agency
and am not prohibited by state or federal law from possessing firearms.

Retiree signature

Nevada Law Enforcement Agency
Employee signature/personnel number