

**WASHOE COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT OFFICER SAFETY ACT (LEOSA) APPLICATION**

FULL NAME (LAST, FIRST, MIDDLE)								HOME TELEPHONE
RESIDENTIAL ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)								CELL TELEPHONE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)								CITIZENSHIP
LIST ALL ALIASES, INCLUDING MAIDEN/MARRIED NAMES								DRIVER'S LICENSE OR ID CARD #
DTE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NO.	PLACE OF BIRTH (CITY/STATE)

Agency Separating From: _____

Agency City/State: _____

Agency Contact Name / No.: _____

I, _____, attest that I have met the standards in compliance with 18 U.S.C. § 926C. **I further attest that I separated from service in good standing and possess a valid photographic identification card.** Federal law does not prohibit me from possessing firearms.

Signature of Officer

WCSO Representative Signature

BELOW SECTIONS TO BE COMPLETED BY WCSO REPRESENTATIVES

Date: _____

NEW / RENEW
(Circle One)

WCSO Ofcr / NV Ofcr / OS Ofcr
(Circle One)

Permit #: _____

MNI: _____

Photo #: _____

Firearm Certification Attached: Yes _____ No _____ PHOTO ID/LETTER: In Prev. File or Copied: _____
(CIRCLE ONE) (Initial)

Agency Letter NOT necessary if photo ID states, **"This retired police officer is authorized to carry a concealed weapon pursuant to U.S. C. Chapter 44, title 18, 926B."**

Service Charge: \$ _____ Fee Waived / Why: _____
(If Applicable)

WANTS:	SQCH:	DMV:	PROCESSOR'S INITIALS:	NOTES:
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CCW PERMIT UNIT

INVESTIGATOR:	COMMENTS:
APPROVE: YES NO	DATE OF APPROVAL / ISSUE: DATE OF DENIAL:
APPROVING OFFICIAL:	DATE OF EXPIRATION: