

Retiree Concealed Handgun Authorization Application

Law Enforcement Officer Safety Act (LEOSA) of 2004 - HR-218

Connecticut State Police Retirees and those Out-Of-State Retired Police Officers and Federal Agents now residing in Connecticut desiring authorization to carry concealed handguns should complete this form and send or fax to the address and fax number listed below.

NOTE: Please submit documents to Special Licensing & Firearms Unit, ATTN: LEOSA Administrator, 1111 Country Club Rd Middletown, CT 06457 or fax form to (860) 685-8496 at least 1 month prior to qualification. Call Imisa Rivera to schedule your appointment date and time 860-685-8011.

Are you currently active duty Law Enforcement? Yes No

Have you provided a letter of good stating from every department you worked for? Yes No

Connecticut Pistol Permit #: _____ (Required)

Name: _____ Date of Birth: _____

Home Address: _____
****Full street address – NO P.O. Box****

Date of Retirement(s): _____ Dept(s) Retired From: _____

Rank at time of retirement(s): _____ Badge #: _____

Home Phone/Cell Phone: _____

Scheduled Date at Range: _____

Qualification Dates: Check the Internet at www.ct.gov/despp, and then go to State Police-Special Licensing & Firearms Unit, on the left side menu click on Information for Retirees and the dates available will be listed under "Dates Offered"

Attendance is limited to 15 per session.