



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
 2273 COUNTY CAMP ROAD
 POST OFFICE BOX 310
 APPLING, GEORGIA 30802-0310
 (706) 541-1043



LEOSA Retiree Registration Form

Date Requested: _____

Records Check: Date: _____ By: _____
Name ID #

Internal Affairs Check: Date: _____ By: _____
Name ID #

Retired in Good Standing / Retirement Date: _____ Did Not Retire Terminated

Retirement Agency _____ Agency Contact _____

Phone Number _____ E-Mail Address _____

Current Handgun Permit? Y N If Yes: _____
Permit Number State

Driver's License Number: _____ State: _____ Expiration Date: _____

Name: _____ SSN: _____
Last First Middle

Address: _____
Street City, State County Zip

Sex: M F Race: _____ DOB: _____ Hgt: _____ Wgt: _____ Eye Color: _____ Hair Color: _____
MM/DD/YYYY

Phone: _____ Email Address: _____
Home Other

Type of Weapon: _____ Make: _____ Model: _____ Serial #: _____

Type of Weapon: _____ Make: _____ Model: _____ Serial #: _____

1. Have you ever been LEOSA certified by the Columbia County Sheriff's Office?	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Have you ever been served with an ex-parte or protection order for domestic violence?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Have you ever been charged with, arrested for, or convicted of any violation of criminal law?	<input type="checkbox"/> Y	<input type="checkbox"/> N
4. Did you retire for reasons of mental instability?	<input type="checkbox"/> Y	<input type="checkbox"/> N
5. Have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis?	<input type="checkbox"/> Y	<input type="checkbox"/> N
6. Have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment, for any mental or psychiatric condition?	<input type="checkbox"/> Y	<input type="checkbox"/> N
7. Are you addicted to or have you ever been addicted to alcohol, any controlled dangerous substances, or dangerous substances; or are you currently being treated for alcoholism, addiction to controlled dangerous substances, or addiction to any dangerous substances?	<input type="checkbox"/> Y	<input type="checkbox"/> N

ON ATTACHED CONTINUATION FORM, PLEASE INCLUDE THE FOLLOWING:

A. If you answered YES to any of the above questions, please provide detailed explanation of each.



Georgia Peace Officer Standards & Training Council Application Instructions (HR218)

Application Instructions

All application sections must be completed prior to submission for proper processing.

Incomplete applications will be returned.

Eligibility: To be eligible for this card, the officer must meet one of the following requirements:

1. The officer must have retired from a Georgia law enforcement agency (POST recognized);
2. The officer must have retired from out-of-state or federal law enforcement agencies **and** currently reside in the state of Georgia (**Cannot have out of state mailing address**).

E-mail Address Preferred

P.O.S.T prefers to send notices regarding any problems identified in the application via e-mail. Please be sure to include a current e-mail address if possible. Notices sent by U.S. Mail will be subject to normal shipping and delivery time.

Agency Credentials (Copy of Agency Issued ID card stating retirement)

A copy of agency credentials (*agency from which the officer retired*) documenting retired status must be attached in order to process this application. In lieu of credentials, a letter from the agency indicating retired status will suffice.

P.O.S.T. Certified Firearms Instructor

The firearms instructor must complete the verification and attestation section of the form. The firearms instructor must have received their certification from the Georgia Peace Officer Standards & Training Council prior to conducting the retired officer's firearms qualification. If the firearms instructor does not provide the required Use of Deadly Force and De-escalation training please indicate such on the application and it will be the officer's responsibility to provide proof of completion.

Officers that have completed the firearms instructor training course and *have not submitted* their P.O.S.T. Firearms Instructor Certification application to receive their certification **are not eligible** to conduct firearms qualifications. If an individual is uncertain if they have a firearms instructor certification, they should check their P.O.S.T. Officer profile at www.gapost.org to see if a firearms instructor certification is listed.

Falsified Applications

Supplying false information or acquiescing in false information being supplied on this application is a violation of the Criminal Code of Georgia (Ga. L. 198. pp. 1249, 1320) and, upon conviction is punishable by a fine of not more than \$1000 or imprisonment for less than one (1) year nor more than five (5) years, or both.

Mailing: Please mail the application to the following address:

Georgia POST Council, P.O. Box 349, Clarkdale, GA 30111-0349

Contact Information: Please contact Angie McDowell with any questions regarding your application at e-mail address amcdowell@gapost.org or by phone at 470-817-7031.

****EFFECTIVE JANUARY 1, 2022 THERE IS NO LONGER AN APPLICATION FEE****



Georgia Peace Officer Standards & Training Council
Application for Annual Firearms Qualification For
Retired Officers (HR218)

Enclosures

Agency Credentials REQUIRED: Check here to indicate that agency credentials are attached.

PLEASE ALLOW 30 DAYS FOR PROCESSING

NO APPLICATION FEE

Personal Data & Attestation - Section I

First Name

Middle Name

Last Name

Suffix Name (Jr., Sr., II, III, etc.)

Date of Birth

Agency Retired From (**required**):

Social Security #:

Race

Gender/Sex:

Street

Apt #

City

State Georgia

Zip Code

E-mail Address

PHONE# (AREA CODE) – NUMBER

Attestation of Retired Officer: I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge.

Retired Officer Signature

Date

P.O.S.T. Certified Firearms Instructor Verification - Section II

Firearms Range Where Qualified

Qualification Date

Firearms Instructor Full Name (Print)

Firearms Instructor

E-mail address

This retired officer qualified with the following weapon type(s) for this application:

Revolver Semi-auto

Attestation of Firearms Instructor: I attest and affirm that the retired peace officer is from a federal, state, or local law enforcement agency and has successfully completed the required training as required by P.O.S.T. Rule 464-5-.03.1 **INITIAL** each that apply). **Officer must submit proof of completion if training not provided by firearms instructor.**

Firearms qualification

Use of Deadly Force Training

De-Escalation Training

P.O.S.T. Certified Firearms Instructor Signature

Date

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Mail completed form to: GA POST Council, P.O. Box 349, Clarkdale, GA 30111

Or email to: amcdowell@gapost.org