

## Law Enforcement Officers Safety Act (LEOSA)

### SECTION A

Separated Law Enforcement Officer's Full Name (please print):		
Street Address:		
City:	State:	Zip Code:
Birth Date:	Telephone Number: (    )	
E-Mail:	POST License Number (if applicable):	
<p>I certify:</p> <ul style="list-style-type: none"> <li>➤ I served as a law enforcement officer for an aggregate of ten years or more and separated from service in good standing from the following law enforcement agency. Agency: _____ Date of Separation: _____</li> <li>➤ My peace officer license or certificate has not been revoked or surrendered.</li> <li>➤ I am not barred from carrying a firearm for reasons of physical or mental health.</li> <li>➤ I am not prohibited from possessing a firearm under any federal law.</li> <li>➤ I understand my responsibilities under the Law Enforcement Officers Safety Act Improvements Act of 2010 and meet the criteria for a "qualified separated law enforcement officer."</li> </ul> <p style="text-align: center;"> <span style="display: inline-block; width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p> <p style="text-align: center;"> <i>Separated Law Enforcement Officer's Signature</i> <span style="margin-left: 100px;"><i>Date</i></span> </p>		

### SECTION B

Certified Firearms Instructor Name (please print):	
Telephone Number: (    )	E-Mail:
<p>I affirm the above named individual did successfully complete firearms training that meets the Minnesota Department of Public Safety standards for active law enforcement officers to carry a firearm as set forth on the Minnesota POST Board's <i>Instructions for Completion of the Law Enforcement Officers Safety Act (LEOSA)</i> with the following type(s) of firearm(s) on:</p> <p>Date: _____ Firearms Type:    Revolver <input type="checkbox"/>    and /or    Semi-Auto <input type="checkbox"/></p> <p>Certified Firearms Instructor's Signature: _____</p>	