



LEOSA Certificate Application to Carry a Concealed Firearm

for retired law enforcement officers

Send Completed Application, Form(s), and Fee to this address: 110 2nd Street NE, East Wenatchee, WA 98802

Instructions

1. Enclose a check or money order made payable to **DCSO, if applicable**. Note: If your application is denied a refund will not be issued.
2. There is no fee for this service unless you are requesting a rush that would be outside of our available scheduling. If you are requesting a rush, there is a \$75.00 fee.
3. Complete this application and return it to the address above. You must include a passport style photo, your WA photo ID and a copy of your retired credentials. **If you are retired DCSO LE you do not need a passport style photo.**

A. Personal Information						
Last Name	First Name	Middle Initial	Social Security Number (Mandatory)			
Date of Birth	Contact Phone Number	Email Address				
Home Address (Must be a WA State Resident)		City	State	Zip Code		
Mailing Address (If different than physical address)						
Best Time to Schedule: <input type="checkbox"/> Days <input type="checkbox"/> Nights Time Frame (ex. 8-12):						
B. Prior Agency Information (retired DCSO skip to section C)						
Prior Law Enforcement Agency		Agency City & State				
Position Held (Must prove your position had statutory powers of arrest, i.e. Police, Trooper, Deputy Sheriff, etc)		Total Service Years Years	Months	Date of Separation		
C. A Law Enforcement Officer requesting LEOSA must meet the following eligibility requirements.				YES	OR	NO
Are you retired or separated in good standing from a service with a public agency as a law enforcement officer for reasons other than mental inability?				<input type="checkbox"/>		<input type="checkbox"/>
Prior to your separation were you authorized by law to engage in or supervise the prevention, detection, investigation, prosecution, or incarceration of any person for any violation of law and had statutory powers of arrest?				<input type="checkbox"/>		<input type="checkbox"/>
Prior to your separation, were you regularly employed as a law enforcement officer for an aggregate of 10 years or more of service, or were you separated from the agency due to a service-connected disability, as determined by such agency, provided that any applicable probation period had been completed prior to the separation?				<input type="checkbox"/>		<input type="checkbox"/>
Are you under the influence of alcohol or other intoxicating or hallucinatory drug or substance?				<input type="checkbox"/>		<input type="checkbox"/>
Are you prohibited by State Law from possessing a firearm?				<input type="checkbox"/>		<input type="checkbox"/>
Are you prohibited by Federal Law from possessing a firearm?				<input type="checkbox"/>		<input type="checkbox"/>
Do you possess a photographic identification issued by the law enforcement agency from which you are retired or separated?				<input type="checkbox"/>		<input type="checkbox"/>
By initialing, I authorize Douglas County Sheriff's Office to conduct a background check with any governmental or law enforcement agency, which may include the release of any relevant information, files, or records.					Initials	
D. FIREARMS TO CARRY (MAXIMUM 3 ALLOWED)						
Firearm 1	Type- Semi Auto Pistol or Revolver	Make	Model and Caliber	Serial Number		
Firearm 2	Type- Semi Auto Pistol or Revolver	Make	Model and Caliber	Serial Number		
Firearm 3	Type- Semi Auto Pistol or Revolver	Make	Model and Caliber	Serial Number		
I hereby declare and affirm under penalty of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief, and that I am a resident of the State of Washington.						
Printed Name of Applicant		Signature of Applicant			Date	
FOR DCSO USE ONLY						
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Certificate Issued <input type="checkbox"/> ID Card Mailed		Denial Reason:		Date Received _____		
		<input type="checkbox"/> Applicant Notified		Payment Type: _____		
				Amount: \$ _____		
				_____ Records Supervisor Initials/Date		
				_____ Chief Criminal Deputy Initials/Date		