



## VERIFICATION OF RETIRED POLICE OFFICER FOR RETIRED LAW ENFORCEMENT OFFICER LIFETIME HANDGUN CARRY PERMIT

<b>NAME OF APPLICANT:</b> _____	
<b>POSITION HELD AT</b> _____	<b>NAME OF AGENCY</b> _____
<b>TIME OF SEPARATION:</b> _____	<b>EMPLOYED WITH:</b> _____

<b>EMPLOYMENT VERIFICATION (completed by either Chief Law Enforcement Officer or designee)</b>	
(A) Is a retired federal, state, or local law enforcement officer, as defined in § 39-11-106.	
(B) Served for at least ten (10) years prior to retiring from the law enforcement agency and was POST-certified, or had equivalent training, on the date the officer retired from the law enforcement agency.	
<b>BEGINNING DATE OF EMPLOYMENT:</b> _____	<b>ENDING DATE OF EMPLOYMENT:</b> _____
<i>I do hereby certify that the applicant meets the statutory requirements of T.C.A. §39-17-1351(x)(5). I understand that making any false oral or written statement, or exhibiting any false or misrepresented identification or documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A. §39-16-702).</i>	
<b>COMPLETED BY:</b> _____	<b>TITLE:</b> _____
<b>DATE:</b> _____	<b>SIGNATURE:</b> _____
<b>PHONE:</b> _____	

<b>SERVICE CHARACTER VERIFICATION (completed by Chief Law Enforcement Officer or designee)</b>	
(C) Was in good standing prior to retiring from the law enforcement agency as certified by the chief law enforcement officer or designee of the organization that employed the applicant.	
<b>INITIAL FOR <u>YES</u> IN GOOD STANDING:</b> _____	<b>INITIAL FOR <u>NOT</u> IN GOOD STANDING:</b> _____
<i>I do hereby certify that the applicant meets the statutory requirements of T.C.A. §39-17-1351(x)(5). I understand that making any false oral or written statement, or exhibiting any false or misrepresented identification or documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A. §39-16-702).</i>	
<b>COMPLETED BY:</b> _____	<b>TITLE:</b> _____
<b>DATE:</b> _____	<b>SIGNATURE:</b> _____
<b>PHONE:</b> _____	

<b>RESIDENT OF TENNESSEE VERIFICATION (completed by Driver Services Officer or Handgun Permit Office)</b>	
(D) Is a resident of this state on the date of the application.	
<b>DRIVER LICENSE NUMBER:</b> _____	<b>OR OTHER TN RESIDENT VERIFICATION:</b> _____
<i>I do hereby certify that the applicant meets the statutory requirements of T.C.A. §39-17-1351(x)(5). I understand that making any false oral or written statement, or exhibiting any false or misrepresented identification or documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A. §39-16-702).</i>	
<b>COMPLETED BY:</b> _____	<b>TITLE:</b> _____
<b>DATE:</b> _____	<b>SIGNATURE:</b> _____