

**Federal Law Enforcement Officers Safety Act of 2004
 Qualified Retired Law Enforcement Officers Certification to Meet
 Minnesota Department of Public Safety Firearms Training Standards
 (Minnesota Residency Required)**

(Section A)

Retired Law Enforcement Officer's Full Name (please print):		
Street Address:		
City:	State:	Zip Code:
DOB:	Telephone Number: ()	
E-Mail:	POST License Number:	
Law Enforcement Agency from Which Retired:		
Date of Retirement:		
I certify that:		
<ul style="list-style-type: none"> ➤ I have successfully completed the training required in the Law Enforcement Officers Safety Act of 2004 as documented in Subsection (2) (B) on _____ (date). ➤ I qualified with (Make and Model of firearm): _____ ➤ I have attached a copy of my Agency-issued Photo ID. 		
_____		_____
<i>Retired Law Enforcement Officer's Signature</i>		<i>Date</i>

(Section B)

Certified Firearms Instructor Name (please print):		
Street Address:		
City:	State:	Zip Code:
Telephone Number: ()	Fax: ()	
E-Mail:		
I certify that:		
<ul style="list-style-type: none"> ➤ the person named in Section A has successfully completed training that meets the Minnesota Department of Public Safety standards for active law enforcement officers to carry a firearm as set forth in the document titled "Federal Law Enforcement Officers Safety Act of 2004 - Instruction and Firearms Training Standards for Retired Law Enforcement Officers in Minnesota;" and ➤ I have attached a copy of the certification(s) I have received within the past ten years as a firearms instructor. 		
_____		_____
<i>Certified Firearms Instructor's Signature</i>		<i>Date</i>