



Red Shirt Training, Inc. H.R. 218 Retired Officer Request for Firearms Qualification

Application Instructions

1. When arriving for class, please have your driver's license AND your agency retiree identification card available, as a copy of each will be needed for our records.
2. The qualification session will be held at Gold N Pawn'd Indoor Range, located at 5224 Mariner Blvd. Spring Hill FL, 34609.
3. The course consists of an opportunity to qualify under FDLE's qualification course of fire. The course is timed and requires a total of 40 rounds, Minimum Score of 80% or 32 of 40 rounds in the scoring area.
4. Participants must provide (Unloaded) Firearm capable of holding 5 or more rounds, two magazines or two speed loaders, holster and ammunition (Factory ammo No Reloads) a baseball style cap or hat with a brim and must have protective eye and ear wear.
5. Red Shirt Training, Inc. and its partners range rules and policies will be in effect and followed by each participant prior to qualification. The Range Master's determination will be the final authority for all issues of safety, scoring and equipment. Any weapon, holster, ammunition, or related equipment found unsafe for qualification will be prohibited on the range. Participants are allowed up to two weapon malfunctions during the qualification round and only two attempts to qualify. *Remedial training will not be provided.*
6. Red Shirt Training, Inc. will provide the targets for qualification.
7. The cost of the qualification is \$40.00 payable to Red Shirt Training, Inc. This covers either a semi-auto pistol and/or a revolver. A range fee up to \$15.00 will also be applied and will be paid to the operator of the range.



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Applicant Name: _____ Date: _____

Current Address _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Date of Birth: _____

E-mail: _____

Retiring /Separating Agency _____

Address _____

City: _____ State: _____ ZIP: _____

Retirement Date _____ Years of Service _____

Please read and initial each statement below to verify your qualified under the law:

1. _____ (Initial): I separated from service in good standing with a public agency as a law enforcement officer;
2. _____ (Initial): Before such separation, was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest or apprehension under section 807(b) of title 10, United States Code (article 7(b) of the Uniform Code of Military Justice);
3. _____ (Initial): Before such separation, served as a law enforcement officer for an aggregate of 10 years or more; or separated from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;
4. _____ (Initial): I have not been officially found by a qualified medical professional (employed by the agency) to be unqualified for reasons relating to mental health and as a result of this finding will not be issued photographic identification; or has not entered into an agreement with the



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agency from which the individual is separating from service in which that individual acknowledges he or she is not qualified under this section for reasons relating to mental health and for those reasons will not receive or accept photographic identification;

5. _____ (Initial): I am not under the influence of alcohol or any other intoxicating or hallucinatory substance;
6. _____ (Initial): I am not prohibited by federal law from receiving a firearm;
7. _____ (Initial): I have no physical limitations that would interfere with the proper handling of a handgun;
8. _____ (Initial): I understand that I must meet and follow the procedures established by HR 218 and the State of Florida in meeting the requirements for obtaining proper certification;
9. _____ (Initial): I have not made any material misrepresentation, or failed to disclose any material fact, in my request for certification to carry a firearm under the procedures and requirements set forth by HR 218 and the State of Florida;
10. _____ (Initial): I understand that if my card is lost, no replacement can be issued. I must return to a range and re-qualify. Upon successful completion of the firearms proficiency course, a new card with the new completion date will be issued.

Applicant's Printed Name: _____

Applicant's Signature: _____

Who is personally known to me or has produced _____ as identification.

Signature of Witness

Date