



**WEST COVINA POLICE DEPARTMENT**  
 1444 W. Garvey Ave S., West Covina, CA 91790 (626) 939-8500  
 www.wcpd.org

Date of Application:

**Retired Officer Petition for  
 CCW Endorsement**

Application for:

- Duplicate ID Card
- CCW Renewal

**Requesting Qualified Retired Officer**

Name (Last, First, Middle)		Driver's License # / State		Date of Retirement:	
Home Address: (Number, Street, City, State, Zip Code)					
Home Phone #:		Cell Phone #:		E-mail Address:	
				Current Endorsement Expiration Date:	
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:
					Date of Birth:

**Purpose of Form**

Completion of the petition/qualification process for a "CCW Approved" endorsement allows a qualified retired officer to carry a concealed firearm in California only (PC 26300). Qualified retired officers may be authorized to carry a concealed firearm in all other states subject to the conditions specified in *Title 18 of the United State Code 926B and 926C*, otherwise known as the *Law Enforcement Officers Safety Act (LEOSA/HR 218)*.

Retired officers intending to carry a concealed firearm in states outside of California should confirm eligibility and complete the West Covina Police Department form entitled "*Law Enforcement Officers Safety Act of 2004 Firearms Proficiency Test for qualified Retired Officers*"

**Waiver and Release**

**(READ AND INITIAL NEXT TO THE FOLLOWING DECLARATIONS AND SIGN BELOW)**

(INITIAL)

- \_\_\_\_\_ I swear or affirm that the information on this application is true and accurate.
- \_\_\_\_\_ I am a retired full-time sworn officer of the West Covina Police Department, and I was authorized to carry a concealed firearm during the course and scope of my employment with the West Covina Police Department.
- \_\_\_\_\_ I recognize the West Covina Police Department is not legally required to provide me with handgun instruction or a firearms qualification course.
- \_\_\_\_\_ I understand I will be required to show proficiency in the safe handling and firing of my weapon under the direct supervision of a *Department Approved Firearms Instructor* as defined on the following page.
- \_\_\_\_\_ I understand in order to maintain a "CCW Approved" endorsement on my retired identification card, I must:
  - Qualify annually with the authorized firearm at a range approved by the Department.
  - Remain subject to all applicable department rules and policies, as well as federal, state, and local laws.
- \_\_\_\_\_ I understand when carrying a concealed firearm, I must be in possession of a "CCW Approved" photographic Identification card, issued by the West Covina Police Department that states I am a retired law enforcement officer.
- \_\_\_\_\_ I AM NOT PROHIBITED BY ANY STATE OR FEDERAL LAW FROM RECEIVING OR POSSESSING A FIREARM.
- \_\_\_\_\_ I will not be under the influence of alcohol or another intoxicating or hallucinatory drug or substance at any time while carrying a firearm, and I am not a habitual user of same.
- \_\_\_\_\_ I agree to indemnify and hold harmless the City of West Covina and the West Covina Police Department, or its agents and employees, for any injury suffered by me or caused by my participation in this qualification process.
- \_\_\_\_\_ Further, I hereby specifically agree to indemnify and hold harmless the City of West Covina and the West Covina Police Department and/or its officers and employees, from any and all liability resulting from my carrying and/or use of any firearm.

*I have read and understand the Waiver and Release*

Applicant Name (Print):	Applicant Signature	Date:
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## Retired Officer CCW Endorsement Qualification Procedure

In order to fulfill the requirements of the qualification process for a "CCW Approved" endorsement, the requesting retiree shall submit to the West Covina Police Department:

- a. A completed and signed West Covina Police Department "*Retired Officer Petition for CCW Endorsement*" form attesting to the following:
  1. The firearm to be carried concealed is of good quality, is in good condition, and can be carried safely by the retiree.
  2. The retiree has demonstrated proficiency in the safe handling of the firearm.
  3. The retiree has passed the Qualification Course of Fire as requested on the form.
- b. A completed "*Law Enforcement Officers Safety Act of 2004 Firearms Proficiency Test for Qualified Retired Peace Officers Form*," signed by a *Department Approved Firearms Instructor*, if desiring HR 218 status

### OBTAINING REQUIRED FORMS:

In addition to this form, the following forms may be obtained by contacting the Training Manager at (626) 939-8568.

1. *Law Enforcement Officers Safety Act of 2004 Firearms Proficiency Test for Qualified Retired Peace Officers Form*  
Under Federal Law: Required retired peace officers intending to carry a concealed firearm outside of California.
2. Acknowledgement of West Covina Police Department Policies Form.

## Department Approved Firearms Instructor Defined

As used in this section, a "*Department Approved Firearms Instructor*" must meet at least one of the following criteria:

1. A person currently employed by a California law enforcement agency as a Firearms Instructor or Range master who has completed a Firearms Instructor Course certified by the State of California Commission on Peace Officer Standards and Training (POST).
2. A person currently employed by a law enforcement agency as a Firearms Instructor or Range master for a law enforcement agency within the state in which the qualified retiree resides, who has completed a Firearms Instructor Course certified by the entity responsible for the regulation of peace officer training in that state.

## Certification by Department Approved Firearms Instructor

Name (Last, First, M.)	Title/Occupation	<input type="checkbox"/> Law Enforcement Firearms Instructor <input type="checkbox"/> Law Enforcement Range master <input type="checkbox"/> Other Certified Instructor/Range master approved by the department
Agency/Company Name	Agency/Company Address	Agency/Company Phone (    )                      Ext.
Location of Qualification	Date of Qualification: _____ Number of rounds fired: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail Signature of Department Approved Firearms Instructor

## Approval of CCW Endorsement by West Covina Police Department

<input type="checkbox"/> CCW Approved <input type="checkbox"/> Denied/Reason _____	Date of Issuance: _____ <input type="checkbox"/> <i>In Person</i> <input type="checkbox"/> <i>By Mail</i>	Date of Expiration: _____	
Firearm Make: _____ Model: _____ Caliber: __ Serial #: _____			
<b><i>The applicant is a qualified retired law enforcement officer, has met qualification requirements, and is certified to carry a concealed firearm pursuant to State law and the West Covina Police Department Policy &amp; Procedures Manual.</i></b>			
Chief of Police or Authorized Designee (Print):	Title:	Signature:	Date:

The requesting officer must complete the "Requesting Qualified Retired Employee" section and read and sign the "Waiver and Release" before proceeding with qualification. The requesting retired officer must then successfully complete the qualification course and submit the *Retiree Handgun Qualification Form* prior to certification. The Agency will complete the "Approval of CCW Endorsement" section only upon verification of eligibility and qualification.