



COOS COUNTY SHERIFF'S OFFICE
RETIREE OFFICER FIREARMS QUALIFICATION
REGISTRATION FORM



YEAR _____

If you are a new retiree application, please Print and return form to the Coos County Sheriff's Office, prior to the shoot so that your background can be conducted. If you are a returning retiree, bring this form with you on the day of the qualification shoot. Forms will be available at the shoot if you forget your form.

Last Name _____ First _____ MI _____

DOB _____ Phone (H) _____ (C) _____

Address _____

Mailing _____

City _____ State _____ Zip Code _____

Email _____

(Notification of Qualification Dates/Times for the following year will be made via email to ensure you are notified)

Agency you retired from _____ State _____

Year of retirement _____ How many years with that agency _____

Any other LE agencies worked for _____

Name of person currently employed at your retirement agency to be contacted to verify information _____ Title _____

Phone _____ Fax _____

FOR OFFICE USE ONLY

DATE REGISTRATION RECEIVED _____

RECEIVED BY _____

RETIREE QUALIFIED Yes _____ No _____

CARD ISSUED ON _____

Questions Pursuant to HR 218

Please circle the appropriate answer:

- Did you retire in good standing? Yes / No
Prior to retirement, did you have full arrest powers? Yes / No
Did you have 10 or more years' employment as a law enforcement officer? Yes / No
Did you retire due to a service-connected disability? Yes / No
Do you have a non-forfeited (vested) right to retirement benefits with employing agency? Yes / No

Firearm(s) to be used for purposes of the Qualification

Make _____ Model _____ Caliber _____
Serial Number _____ Qualified: Semi-Auto Revolver Both
Condition: New _____ Good _____ Poor _____ Former Duty Weapon _____
Make _____ Model _____ Caliber _____
Serial Number _____ Qualified: Semi-Auto Revolver Both
Condition: New _____ Good _____ Poor _____ Former Duty Weapon _____

I understand, by signing this registration that the information provided is true to the best of knowledge, and I have not intentionally or knowingly deceived the Coos County Sheriff's Office concerning the eligibility of my retirement from a law enforcement agency. Furthermore, I hereby agree to act professionally while on the firearms range of the Coos County Sheriff's Office, and to adhere to firearms rules and regulations. I understand I am to provide the weapon, holster, and ammunition (approximately 100 rounds of factory loaded ammunition) to complete the qualification standard set forth by the State of Oregon's Department of Public Safety, Standards and Training. The Coos County Sheriff's Office, and Coos County shall not be held liable for injuries incurred during travel to and from the firearms training location, actions taken during the qualification, and any occurrences of the use of force while acting under the color of authority, granted as a retired law enforcement officer within the guidelines of House Resolution 218.

Signature

Date

Coos County Sheriff's Office
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Coquille, Oregon 97423
(541) 396-7802
CCSORecords@co.coos.or.us