DENVER
PUBLIC SAFETY

RETIRED OFFICER HANDGUN PERMIT APPLICATION

Officer Name **Officer Badge #** **Officer Phone #** **Rank**

Officer Street Address **City** **State** **ZIP**

Officer DOB **Officer Hgt** **Officer Wgt** **Ofc Hair Color** **Officer Eye Color**

Officer Driver's License # **Officer Retirement Date**

APPLICANT HISTORY: If one answers "yes" to any question, provide a detailed explanation on a separate sheet of paper and attach it to this form. Print or type all information. Concerning "conviction, answer "no" if pardoned, expunged, sealed or set aside.

	YES	NO
1. Have you been treated for alcoholism within the past 10 years or ever been involuntarily committed as an alcoholic?	☐	☐
2. Have you had two or more alcohol-related convictions within the past 10 years?	☐	☐
3. Have you ever been convicted or perjury under CRS 18-8-503?	☐	☐
4. Are you currently the subject or a criminal or civil restraining order?	☐	☐
5. Are you under indictment or deferment in any court for a felony, or any crime in which the judge could imprison you for more than a year?	☐	☐
6. Have you been convicted in any court of a felony, or attempt or conspiracy to commit a felony or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence?	☐	☐
7. Are you an unlawful user of, or addicted to, marijuana, and/or any depressant, stimulant, narcotic drug, or any other controlled substance?	☐	☐
8. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your affairs or ever been committed to a mental institution?	☐	☐
9. Have you ever been convicted in any court of a misdemeanor crime of domestic violence as defined in the CFR, subpart 178.00?	☐	☐

Department of Public Safety
1331 Cherokee St. #302 | Denver, CO 80204
www.denvergov.org/safety
p. 720-913-6020 | f. 720-913-7028

	YES	NO
10. Have you ever been adjudicated as a juvenile for a crime that would constitute a felon if committed by an adult or attempt or conspiracy to commit a felony, under any state or federal law?	☐	☐
11. Have you suffered any physical disabilities since retirement that would affect your ability to handle a firearm?	☐	☐

NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER

NOTE TO RECIPIENT: A PHOTOCOPY REPRODUCTION OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES. THE ORIGINAL OF THIS FORM WILL REMAIN IN THE CONTROL of the Office of Chief of Police.

Handguns have been classified by both Federal and Colorado law as deadly weapons. They are capable of causing death, serious injury, and property damage. I certify that I have read and understand the information provided in the application packet and the attached Colorado Revised Statutes pertaining to the use of deadly physical force. and agree that any violation will be cause for revocation of this permit.

By issuing this permit. the Denver Police Department. Denver Sheriff or the County Sheriffs of Colorado and employees shall not be held liable or responsible for the manner in which the permit holder uses the concealed handgun or the results of said use. including. but not limited to. the death of. or injury to, any person or damage to any property resulting either directly or indirectly from the intentional, reckless. negligent or accidental discharge of a handgun. or any criminal acts committed by the permit holder involving the use of the concealed handgun. Furthermore. the issuing County Sheriff's Office in no way stands as Warrantor or Guarantor of the structural, mechanical. or functional fitness of the concealed handgun for any purpose whatsoever.

By signing this application, I acknowledge and accept the terms contained in the Notice of Disclaimer. I hereby certify that all statements made by me in the completion of this application are, to the best of my knowledge. accurate and true I understand that any false answer (deceitfully made) or any fraud whatsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit is subsequently discovered, such fraud and/or deceit will become grounds for rejection of this application and may result in criminal charges. I also agree to notify the Denver Police Department if I am arrested or served with a restraining order, after the issuance of a permit.

I fully understand that the issuing County Sheriff's Office conducts a background investigation of all applicants who are being considered for a concealed handgun permit This investigation includes but is not limited to. an investigation of military. police. driving records. and character.

I hereby authorize any person who 1s contacted by the issuing County Sheriff's Office personnel to release any information to the issuing County Sheriff's Office pertaining to the background investigation including. but not limited to. military police. driving records and character for use by the issuing County Sheriff's Office in the consideration of my application.

I further agree to release and hold harmless the issuing County Sheriff's Office, is agencies. elected officials. officers. agents, and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the issuing County Sheriff's Office in the consideration of my application. This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claims or liability set forth herein shall survive the termination of the agreement

The applicant swears under oath that the content of the permit application and the information contained in the permit application is true and correct

APPLICANT SIGNATURE **DATE**