



Nevada Sheriffs' and Chiefs' Association

Law Enforcement Safety Act Retirement Qualification & Waiver

THIS SECTION TO BE FILLED OUT BY THE FIREARMS INSTRUCTOR

I am a qualified firearms instructor approved in/for _____.
Name of county/agency

On _____ participated in the qualification course approved
Date name of applicant

by the Nevada Sheriffs' and Chiefs' Association for retired law enforcement officers.

The applicant's score was _____, which is passing.

The applicant has successfully qualified with a handgun.

name of instructor (printed)

instructor's signature

THIS SECTION TO BE FILLED OUT BY THE RETIREE

Name: _____ AKA/Maiden Name: _____

DOB: _____ DLN: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

I, _____, attest that I have had a minimum of 10 years of service in law
retiree
enforcement. I further attest that I retired in good standing with _____,
name of agency
and am not prohibited by state or federal law from possessing firearms.

Retiree signature

Nevada Law Enforcement Agency
Employee signature/personnel number