



**COOS COUNTY SHERIFF'S OFFICE  
 RETIRED 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

250 N Baxter \* Courthouse
Coquille, Oregon 97423
(541) 396-7802
CCSORecords@co.coos.or.us