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DCJS Form LEOSA
2/10

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CRIMINAL JUSTICE SERVICES

APPLICATION FOR HR-218 - LAW ENFORCEMENT OFFICER SAFETY ACT (LEOSA)

www.dcjs.virginia.gov

PART I. APPLICANT INFORMATION

Type of Application *(Check one)*:

☐ **Initial Application** ☐ **Re-qualification** (*If so*, please include your 6-digit **DCJS LEOSA # ST-**_____)

Student Name: _____ D.O.B. _____
Last Name *First Name* *Middle Name*

Mailing Address: _____ Phone # _____
Number and Street *City/Town* *Zip Code*

Name of retiring agency:_____ Dates Employed:_____
Dates of hire and separation

Address: _____ Phone # _____
Number and Street *City/Town* *State* *Zip Code*

PART II. FIREARMS QUALIFICATIONS and RE-QUALIFICATIONS TRAINING COMPLETION

Virginia Modified Double Action Course for Revolvers:
Make: _____ Model: _____ Caliber: _____
Make: _____ Model: _____ Caliber: _____

Virginia Modified Double Action Course for Semi-Automatic Pistols:
Make: _____ Model: _____ Caliber: _____
Make: _____ Model: _____ Caliber: _____

Virginia 50 Round Tactical Qualification Course for Revolvers and Semi-Automatic Pistols:
Make: _____ Model: _____ Caliber: _____
Make: _____ Model: _____ Caliber: _____

Certified Training School:_____ School DCJS ID# 88-_____

Signature of Instructor: _____ **Firearms Qualification Completion Date:** _____

Printed Name of Instructor: _____

PART III. STATEMENT

I attest that:

I am a qualified retired law enforcement officer who:

- Retired in good standing from service with a public agency as a law enforcement officer for reasons other than mental insanity,
- Before retirement was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest, and
- Before retirement was regularly employed as a law enforcement officer for a total of 15 years or more or completed any applicable probationary period of such service, and then retired early due to a service connected disability, and
- Meet **all** of **Virginia's specific requirements** for **LEOSA HR-218**.

I understand that falsification of any information included in this application is a crime and punishable as a criminal offense in Virginia.

Signature of Applicant:_____ Date: _____

Please forward completed application to DCJS, Attn: Thomas E. Nowlin
1100 Bank Street, Richmond, VA 23219 • Phone: (804) 225-3471 • Fax: (804) 786-6344
with all supporting documentation as per Virginia's specific requirements.