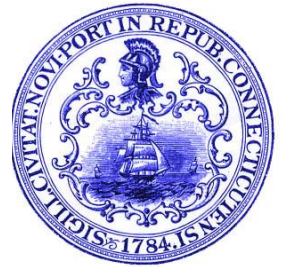




**NEW HAVEN**  
**DEPARTMENT OF POLICE SERVICE**  
 One Union Avenue • New Haven • Connecticut • 06519



*Regina Rush-Kittle*  
 Acting Chief of Police

*Justin Elicker*  
 Mayor

# RENEWAL APPLICATION

## **APPLICATION for LEOSA CERTIFICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening: Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check one: Male  / Female

Please check one response:

- Are you currently under the influence of alcohol or any other intoxicating or hallucinatory drug or substance? YES  NO

- Are you currently taking any medication that would prevent you from safely operating a motor vehicle? YES  NO

*Policing Through Partnerships*

- Are you currently under investigation for any domestic violence incidents? YES  NO
- Are you currently the subject of a protective or restraining order? YES  NO
- Have you ever been convicted of a felony? YES  NO

***THE LEOSA PERMIT EXPIRES ONE YEAR FROM THE DATE ISSUED.***

*Policing Through Partnerships*

Tel: (203) 946-6333

• Fax: (203) 946-7294

• <http://www.newhavenpolice.org>



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*Otoniel Reyes*  
 Chief of Police

*Justin Elicker*  
 Mayor

**AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of all records concerning myself to any agent of the New Haven Police Department (NHPD) whether these records are of a public, private or confidential nature. I authorize any and all individuals or agencies to fully disclose any information requested by this department. Examples may include, but are not limited to:

1. Medical or psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners or the U.S. Veteran's Administration;
2. Employment and pre-employment records, including background reports, evaluations, complaints, disciplinary and salary records;
3. Complaints, arrests, trials and/or convictions for alleged or actual violations; complaints of either a civil or criminal nature against me.

I understand that what the NHPD learns from any of these records will be considered in determining my current suitability to carry a concealed weapon. I have had this explained to me and I fully understand that the refusal to grant this authorization will make it impossible for the New Haven Police Department to consider my application under the Law Enforcement Officers Safety Act of 2004 (LEOSA).

Applicant's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone (daytime) \_\_\_\_\_ Telephone (evenings) \_\_\_\_\_  
 Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check here to indicate that you have read this release and grant the NHPD authorization to conduct a background check for LEOSA suitability.

*Policing Through Partnerships*



Otoniel Reyes  
Chief of Police

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Justin Elicker  
Mayor

**LEOSA FIREARMS QUALIFICATION REPORT for RETIRED OFFICERS**

Please complete the top portion of this form and bring it on your scheduled firearms qualification date along with all other materials specified in the LEOSA Application Packet, to the:  
*New Haven Department of Police Services Training Academy, 710 Sherman Parkway, New Haven, CT. 06511*  
Attendance date and time *must* be confirmed with academy staff (203.946.6309).

**Note: If residing out of state and submitting application via mail, please attach to this form a notarized affidavit from your State Police Department attesting to your proficiency with firearms.**

Applicant Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Weapon Information:**

#1 Brand _____	Model _____	Semi-auto _____	Revolver _____
#2 Brand _____	Model _____	Semi-auto _____	Revolver _____
#3 Brand _____	Model _____	Semi-auto _____	Revolver _____

*(THIS SPACE FOR USE ONLY BY FIREARMS and TRAINING ACADEMY PERSONNEL)*

Date \_\_\_\_\_

Firearms Instructor Name Printed \_\_\_\_\_

Approved

Not approved for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Applicant Signature

Date ID card issued: \_\_\_\_\_

Issued by: \_\_\_\_\_

ID # \_\_\_\_\_

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