



Withlacoochee Technical College
Criminal Justice Academy

Application for HR 218 Retired Officer
Firearms Qualification

Electronic Version
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WTC Criminal Justice Academy
1201 W. Main Street
Inverness, FL 34450-4996
Phone: 352-726-2430, x4376
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Web: <http://www.ccpstc.com>

Please complete the attached registration form and have it notarized.

Bring the notarized registration form along with your retiree ID card and your driver's license to:

**Withlacoochee Technical College
1201 W. Main Street
Inverness, Florida 34450
352-726-2430**

You must register at the front office room 101, provide them your driver's license and obtain a pass for the Business Office room 110A.

The business Office will make a copy of your driver's license and Retiree ID card to attach to the registration form.

The cost for the class is \$ 50.00 (Cash or Credit Card, no Personal Checks)

You must have the required documents and notarized application at the time of payment.

Business Office hours are:

Monday thru Thursday 7:30am – 3:00pm

Fridays 7am – 2pm

The Business Office can be reached at 352-726-2430 ext. 4304

If you are a Citrus County Sheriff's Office Retiree, please contact Ed Gough at 352-726-2430 ext. 4376 prior to making payment at the bookstore.

**WITHLACOOCHEE TECHNICAL COLLEGE CRIMINAL JUSTICE ACADEMY
HR 218 Retired Officer Request for Firearms Qualification**

Applicant Name _____ Date _____

Current Address _____

Contact Phone Number _____ Date of Birth _____

Retiring Agency _____

Address _____

Retirement Date _____ Years of Service _____

State of Florida, in and for _____ County

Before me, the undersigned personally appeared _____, who being duly sworn, deposes and says:

I retired in good standing from law enforcement with: at least 15 years of aggregate service as a law enforcement of correctional officer. OR a service connected disability other than mental instability.

_____ (Initial)

I have a nonforfeitable right to benefits under the retirement plan set forth by my agency.

_____ (Initial)

I am not prohibited under Federal law from receiving or possessing a firearm.

_____ (Initial)

I am not under the influence of alcohol or any other intoxicating or hallucinatory substance.

_____ (Initial)

I have no physical limitations that would interfere with the proper handling of a handgun.

_____ (Initial)

I understand that I must meet and follow the procedures established by HR 218 and the State of Florida in meeting the requirements for obtaining proper certification.

_____ (Initial)

I have not made any material misrepresentation, or failed to disclose any material fact, in my request for certification to carry a firearm under the procedures and requirements set forth by HR 218 and the State of Florida.

_____ (Initial)

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____

State of Florida, City/County of _____, the foregoing instrument was acknowledged

before me this ____ day of _____, 20__.

Who is personally known to me or has produced _____ as identification.

Signature of Notary Public

Seal