



KANSAS CITY, KANSAS POLICE DEPARTMENT



LAW ENFORCEMENT RETIREE ANNUAL FIREARMS QUALIFICATION

This form shall be completed and submitted to the Kansas City, Kansas Police Department by all applicants applying for law enforcement retired officer firearms qualification no later than 30 days prior to qualification attempt.

Applicant Information

Box 1

Last Name: _____ First Name: _____ MI: _____
 Home Address: Street: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Email Address: _____
 Date of Birth: _____ Qualification Month (Circle One): April – or – October

Credentialing Agency

Box 2

Agency Name: **Kansas City, Kansas Police Department**
 Agency Address/Street: **700 Minnesota Avenue** City: **Kansas City**
 State: **State of Kansas** Zip Code: **66101**
 Agency Phone Number: **913-573-6010** Dates of Employment: _____
 Agency Contact Person Name: **Range Staff**
 Phone: **913-596-7028**

Weapon(s) Information

Box 3

List the required information for each weapon with which you intend to qualify. **You may only attempt qualification with two weapons on each qualification day.**

Weapon #1 Make: _____ Model: _____
 Caliber: _____
 Weapon #2 Make: _____ Model: _____
 Caliber: _____

Certification

Box 4

By signing below, I certify, under penalty of perjury, that I have retired in good standing from the Kansas City, Kansas Police Department as a law enforcement officer for reasons other than mental instability. I further certify that before retirement I was engaged in law enforcement duties and had the power of arrest for an aggregate period of 15 years or more and that I have a nonforfeitable right to benefits under the retirement plan of the agency and meet all other requirements of HR 218.

Applicant Signature _____ Date _____