



# KANSAS CITY, KANSAS POLICE DEPARTMENT Application



## 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 7 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: \_\_\_\_\_ (For identification purposes only)

### 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

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.**

**Box 3**

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 \_\_\_\_\_