



RECORDS USE ONLY:

### APPLICATION FOR RETIRED MEMBER HANDGUN AUTHORIZATION *West Virginia and Reciprocal States*

DATE OF SUBMISSION: \_\_\_\_/\_\_\_\_/\_\_\_\_ APPLICATION TYPE:  Initial  Renewal

NAME: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ HT: \_\_\_\_ Ft. \_\_\_\_ In.

WT: \_\_\_\_ EYES: \_\_\_\_ SEX:  M  F DRIVER'S LICENSE: \_\_\_\_/\_\_\_\_  
State Number

RETIREMENT TYPE:  REGULAR  DISABILITY RETIREMENT DATE: \_\_\_\_/\_\_\_\_  
MM YY

**Answer Each Question By Checking YES or NO:**

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of a felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted of an act of violence involving a deadly weapon or an act of Domestic Violence?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you under indictment or do you have any criminal charges pending against you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you the subject of a restraining order as a result of a domestic violence act as defined in §61-2-28 of the Code of West Virginia or subject to a verified petition of domestic violence or subject to a protective order as provided for in §48-2a of the Code of West Virginia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been adjudicated to be mentally incompetent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you physically and mentally competent to carry a pistol/revolver?   | <input type="checkbox"/> | <input type="checkbox"/> |

*If any question 1-6 listed above is/are answered YES, then a letter of explanation must accompany this application.*

**NOTE:** *This form MUST be accompanied by a Retired Member Firearm Certification form for each firearm you wish to carry under the Superintendent's authorization. The Retired Member Firearm Certification form will be provided following examination of the firearm(s) by the Firearm/Toolmark Section of the Forensic Laboratory.*

**I hereby authorize the Superintendent of the West Virginia State Police or his/her designee to conduct an investigation into information contained in this application.**

\_\_\_\_\_  
Signature Date

Send to: WVSP Criminal Records Section, 725 Jefferson Road, South Charleston WV 25309, ATTN: Registry Unit

Authorization Granted:  Y  N \_\_\_\_\_  
Superintendent

Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_