NAME:	SOCIAL SECURITY #:		
Current Address:			
City:	State: Zip	D:	
Date of Birth: GENDER: M / F HEIGHT:	Telephone #:		
GENDER: M / F HEIGHT:	ftin. WEIGHT: _	lbs.	
RACE: ASIAN / BLACK or AFRICA AMERICAN INDIAN or ALASKAN UNKNOWN / WHITE (CIRCLE ONE)	NATIVE / NATIVE HAWAI	IAN or PACIFIC ISLANDER /	
Driver's License Number:		State:	
MILITARY STATUS: HONOR NEVER JOINED MILITARY,			
ADDITIONAL NAME/ALIAS (HAV			
PLACE OF BIRTH (COUNTRY)_	(STATE)	(CITY)	
NICS / E-JUSTICE Completed by (First Time Application: Yes			
PSS Review: Yes No No	Completed by:	Date:	
Waiver and Release:			
		gible to attempt to qualify to carry a y Act of 2004 (18 U.S. Code §926C).	
T. 1			

To be eligible, I understand that I must not have been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that I am a danger to myself or to others or deemed incompetent to manage my own affairs) OR have ever been committed to a mental institution.

I recognize that the Rochester Police Department is not legally required to provide a firearms qualification course or firearms instruction.

I understand that to do so, I will be required to fire my weapon under the direct supervision of Rochester Police Department instructors.

I agree to defend, indemnify and hold harmless the City of Rochester and Rochester Police Department, or its agents and employees, for any injury caused by my participation in this qualification process. I further waive any claim for damages against the City of Rochester and Rochester Police Department, or its agents and employees, for any injury suffered by me while participating in this qualification process.

Further, I hereby specifically agree to defend, indemnify and hold harmless the City of Rochester and Rochester Police Department and/or its officers and employees, from any and all liability resulting from my carrying and/or use of any weapon allowed under the Law Enforcement Officers Safety Act of 2004, including, but not limited to, civil litigation.

I also understand that laws may differ across jurisdictions and it is my responsibility to familiarize myself and abide by these laws governing the use and possession of firearms and ammunition.

Name of Retired Officer (prin	t) Signature		Date
Notary	Signature	Date	(Rev 9/2023)