



# LONG BEACH POLICE DEPARTMENT

400 West Broadway, Long Beach, CA 90802

<http://www.longbeach.gov/police/>



## Carry Concealed Weapon (CCW) Permit Application for Qualified Retired Peace Officers

Live Scan Completed: Date _____	Application Type: <input type="checkbox"/> First Issue – Retiring From Active Duty <input type="checkbox"/> First Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement <input type="checkbox"/> Resigned   Retired P.O. ID Only	Date of Application:
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### Section 1: Applicant Information

Name (Last, First, Middle)		Date of Birth		DID		
Home Address: (number, street, city, state, zip code)				CCW Endorsement Expiration Date, if applicable		
Home Phone Number		Cell Phone Number		E-mail Address		
Sex	Race	Height	Eye Color	Hair Color	Weight	Driver License Number/State Issued

### Section 2: Retirement Information

Retirement Date	Rank at Retirement	Separation Type <input type="checkbox"/> Service Retirement <input type="checkbox"/> Industrial Disability	
If Industrial Disability Retirement, please describe:	Have you previously applied and been denied a CCW? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Had your CCW revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have you been involved in a weapons or shooting incident since retirement? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Do you currently own an AR-15? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Section 3: Last Employment Since Retirement

Security Work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Company Name	Position Title	City/State	From (Month/Year)	To (Month/Year)
Security Work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Company Name	Position Title	City/State	From (Month/Year)	To (Month/Year)

### Section 4: Character Reference

Reference	Contact Phone Number	Years Known
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### Section 5: Waiver and Release

**Please read and initial next to the following declarations and sign below (Required):**

- \_\_\_\_\_ I am or was a full-time sworn peace officer of the Long Beach Police Department (LBPDP) and was authorized to carry a concealed firearm during the course and scope of my employment.
- \_\_\_\_\_ I understand that an "honorably retired peace officer" is one who "has qualified for, and has accepted, a service or disability retirement," but not one who has agreed to a service retirement in lieu of termination. I also understand that a peace officer who resigns or is terminated will not be issued a Carry Concealed Weapon permit.
- \_\_\_\_\_ I understand that a retirement involving psychological disability qualifies me for a "No CCW privilege" identification card.
- \_\_\_\_\_ I understand that my CCW is a privilege and that in order to maintain a "CCW Approved" endorsement, I must meet the training requirements from my state of residence and qualify annually to validate my department-issued identification card.
- \_\_\_\_\_ I understand that under California Penal Code § 26305(d), "A retired peace officer may have the privilege to carry a concealed firearm revoked or denied by violating any departmental rule, state or federal law that, if violated by an officer on active duty, would result in that officer's arrest, suspension, or removal from the agency."
- \_\_\_\_\_ I understand that I must continue to conduct myself according to LBPDP Department Manual Section 3.7 - Standard of Conduct that states, "Employees shall conduct their private and professional lives in such a manner as not harm the integrity or reputation of the Department."
- \_\_\_\_\_ I understand that the LBPDP Manual and Special Orders are accessible on the department's Internet website or upon request to the Chief's Office.
- \_\_\_\_\_ I acknowledge that I am not prohibited by any state or federal law from receiving or possessing a firearm.

- \_\_\_\_\_ I acknowledge that I am not allowed to be under the influence of alcohol or another intoxicating or hallucinatory drug or substance at any time while carrying a firearm, and I am not a habitual user of same.
- \_\_\_\_\_ I agree to indemnify and hold harmless the City of Long Beach and the Long Beach Police Department, or its agents and employees, for any injury suffered by me or caused by my participation in the qualification process.
- \_\_\_\_\_ Further, I hereby specifically agree to indemnify and hold harmless the City of Long Beach and the Long Beach Police Department and/or its officers and employees, from any and all liability resulting from my carrying and/or use of any firearm.

*I have read all of the content contained herein and declare under the penalty of perjury that all statements made, and every question answered on this application are true and complete. I understand that any misstatement of material facts will subject me to denial of a Concealed Weapons Permit.*

<b>I have read and understand the Waiver and Release.</b>		
<b>Applicant Name (Print)</b>	<b>Applicant Signature</b>	<b>Date</b>

**Section 6: Criminal History**

**Since retirement, have you ever, at any time or place (Circle answer):**

- |   |     |    |
|---|-----|----|
| 1. Forfeited bail?  | Yes | No |
| 2. Been fined ?   | Yes | No |
| 3. Been arrested?   | Yes | No |
| 4. Been jailed?   | Yes | No |
| 5. Been convicted of any crime?   | Yes | No |
| 6. Been the restrained party on a restraining order?  | Yes | No |
| 7. Been placed on probation for any violation, including 273.5CPC?  | Yes | No |
| 8. Committed any act of misconduct involving moral turpitude, dishonesty, the use of narcotics, drugs, alcohol, or any other intoxicant or brandished, discharged or used firearm in any way wherein you came under the close scrutiny of any law enforcement agency? | Yes | No |
| 9. Been the subject of a criminal complaint?  | Yes | No |
| 10. I further declare I have never committed spousal abuse (sign below)   |     |    |

\_\_\_\_\_ **Applicant Signature**

**Section 7: If "Yes" to any of the questions in Section 6, please list the specifics:**

Date of Incident	City/State	Offense(s)	Police Report Number & Finding(s)

**Section 8: CCW Transmittal Preference**

In Person Pick Up       Certified Mail       Other  \_\_\_\_\_

**Section 9: LBPD OFFICIAL USE ONLY – Application Verification**

Employment History Verification Yes <input type="checkbox"/> No <input type="checkbox"/>	DID	Notes
Internal Affairs Review Yes <input type="checkbox"/> No <input type="checkbox"/>	DID	Notes
Medical History Review Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	DID	Notes
Criminal History Verification Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	DID	Notes

**Section 10: LBPD OFFICIAL USE ONLY – Chief of Police Review**

**CCW Permit:**

- Approved
- Denied/No CCW Privilege

\_\_\_\_\_  
*Chief of Police (Signature)*

\_\_\_\_\_  
*Date*



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## Medical History and Medication Form

### Section 1: Applicant Information - Renewal Applicants Only

Name (Last, First, Middle)	DID
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### Section 2: Since retirement, have you experienced any of the following? (Circle answer)

- |   |     |    |
|---|-----|----|
| 1. Had any emotional or nervous disorder?   | Yes | No |
| 2. Been committed, either voluntarily or involuntarily, to any hospital, mental Institution, or any other facility for treatment of a mental or emotional disorder, |     |    |
| 3. or for the use of alcohol, drugs or narcotics.   | Yes | No |
| 4. Any physical impairment that might interfere with the safe use/retention of a firearm?   | Yes | No |
| 5. Any physical impairment whatsoever?  | Yes | No |
| 6. Currently taking any prescribed medication?  | Yes | No |

### Section 3: If "yes" to any of the questions above, please explain below:

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### Section 4: CITY OF LONG BEACH DHHS USE ONLY

- Approved     
 Denied (Explain below)     
 Requires Further Review (Explain below)

Comments:

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### Section 5: Physician Certification

Reviewing Physician Signature:	Date:
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Reviewing Physician Print or Use Stamp Here:

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## Shooting Qualification Form

### Section 1: Applicant Information

<b>Name (Last, First, Middle)</b>	<b>DID</b>
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All retiring peace officers applying for a CCW shall qualify at the Long Beach Police Department Shooting Range. Retired peace officers that reside beyond 400 miles or reside outside of California, may choose to qualify at a local law enforcement shooting range near where they reside. LBPD and/or outside agency shooting range personnel must certify the applicant's qualification at the bottom of the form.

The minimum qualifying score is 80%. The shooter must demonstrate handgun safety and proficiency to pass. The 25-round course of fire is as follows:

5-Yard Line 10 rounds	7-Yard Line 10 rounds	15-Yard Line 5 rounds
<b>1. 5 rounds, left-hand only</b> <b>2. 5 rounds, right-hand only</b>	<b>1. 10 rounds, two-hand hold</b>	<b>1. 5 rounds, two-hand hold</b>

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 2: LBPD RANGE PERSONNEL USE ONLY – Qualification Proficiency Certification

Date of Applicant Qualification	Applicant Score
LBPD Range Personnel Name (Signature) and DID	LBPD Range Personnel (Print)

### Section 3: OUTSIDE AGENCY RANGE PERSONNEL USE ONLY – Qualification Proficiency Certification

Date of Applicant Qualification	Applicant Score
Outside Agency Name	
Outside Agency Address	Outside Agency Phone Number
Outside Agency Range Master (Signature)	Outside Agency Range Master (Print)



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## Live Scan Form

### Section 1: Applicant Information

Name (Last, First, Middle)				Date of Birth	
Home Address (number, street, city, state, zip code)				Driver License Number/State	
Home Phone Number		Cell Phone Number		E-mail Address	
Sex	Race	Height	Eye Color	Hair Color	Weight
Social Security Number			Place of Birth		

### Section 2: LBPD OFFICIAL USE ONLY – Live Scan Personnel

DR or CCW Number	ATI Number
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### Section 3: Department Where Applicant Will Be Assigned

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### Section 4: Authorized Individual Requesting Investigation

Name (First, Last)	Title	Phone #:
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### Section 5: Appropriate Reason for Investigation

<input type="checkbox"/> Access to Criminal History	<input type="checkbox"/> System Programmer
<input type="checkbox"/> Access to Computer/s	<input type="checkbox"/> Police System Programmer
<input type="checkbox"/> DMV Information	<input type="checkbox"/> Firearm Clearance
<input type="checkbox"/> Computer Room	<input type="checkbox"/> Other: <u>Retired Peace Officer CCW</u>

### Section 6: Do not write below this line – Police Records Personnel

	Result	Employee	Date
PRIOR APPL FPC			
PRINTS TAKEN			
PHOTO TAKEN			
PSIS CHECKED			
INDEX CARDS CHECKED			
CWS CHECKED			
PHI CHECKED			
DMV PRINTOUT ATTACHED			
ADMIN SECURITY REVIEWED			
RMS			