



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

**RETIRED LAW ENFORCEMENT
WEAPONS QUALIFICATION RECORD HP-15C**

PLEASE SEE PAGE 2 FOR USE AND INSTRUCTIONS

FIRST NAME*		MIDDLE NAME*	LAST NAME*		
ADDRESS*				PHONE NUMBER*	
DATE OF SESSION*	WEAPONS OFFICER & REQUALIFICATION CERTIFICATE NUMBER			UNIT NUMBER	
CONCEALED WEAPON QUALIFICATION					
MAKE	MODEL	SERIAL NUMBER	CALIBER	CONDITION	
WEAPON HOLSTER					
<input type="checkbox"/> BELT <input type="checkbox"/> ANKLE <input type="checkbox"/> SHOULDER <input type="checkbox"/> OTHER (SPECIFY)					

	TOTAL NUMBER HITS	QUALIFY (Y / N)
1 st Attempt		
2 nd Attempt		
3 rd Attempt		

I (printed name) _____, hereby certify that I am not under any of the disabilities listed in the Ohio Revised Code Section 2923.13 which would disqualify me from carrying a firearm.

I (printed name) _____, hereby certify that I have familiarized myself with the requirements of United States Code, Title 18, Section 926C, the "Carrying of concealed firearms by qualified retired law enforcement officers" portion of The Law Enforcement Officer Safety Act, and that I currently meet all of the requirements to be a "qualified retired law enforcement officer" under that provision.

I (printed name) _____, have retired in good standing from the Ohio State Highway Patrol and am requesting to qualify with a firearm under the rules of United States Code, Title 18, Section 926C. I understand that my participation is subject to the approval of the Personnel Commander and the Academy Commandant whose signatures must appear on this form prior to the scheduled date.

SIGNATURE OF RETIREE X	DATE
ACADEMY COMMANDANT APPROVAL X	DATE
PERSONNEL COMMANDER APPROVAL X	DATE

I (printed name) _____, hereby certify that the retiree whose name appears on this form has completed the course of fire currently in use by the Ohio State Highway Patrol to qualify active officers to carry a second weapon concealed on their person while on duty. The qualification was completed as outlined in OSP Policy 203.20-001, Division Weapons.

SIGNATURE OF QUALIFYING OFFICER X	DATE
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[\(OSP-203.20-001\)](#)

USE

1. The firearms requalifications officer will record the results of the handgun qualification for each attempt.

INSTRUCTIONS FOR COMPLETION

1. **Name*:** To be filled out by the retiree requesting to schedule the qualification. The retiree's first name, middle initial and last name are required.
2. **Address*:** The complete current address of the retiree including, city, state and zip code.
3. **Phone Number*:** The phone number, including area code, where the retiree may be reached during daytime hours.
4. **Date of Session*:** The retiree must indicate the date of the session that he / she plans to attend.
5. **Weapons Officer:** Officer authorized to supervise the training or qualification session.
6. **Retiree Concealed Weapon Qualification:** The retiree will record the Make, Model, Serial Number, Caliber, and Overall Condition of the weapon being fired. Check the box indicating the type of holster used by the retiree. The number of full hits shall be recorded for each of the two stages. Qualification is required on both stages.
7. **Declarations*:** The retiree must complete the declarations stating that they are not prohibited from owning or carrying a firearm, they are in compliance with section 3 of the Law Enforcement Officer Safety Act and they have retired in good standing. (A copy of United States Code, Title 18, Section 926C is attached to this form).
8. **Submission of Form for Approval*:** The retiree must complete all sections of the form HP-15C marked with an asterisk in the instructions, and sign and date the form. If the retiree intends to qualify at a District Civil Disturbance training, the completed form must be turned in to the respective District. If the retiree intends to qualify at the OSHP Training Academy, fax or mail the completed form to:

The Ohio State Highway Patrol Training Academy
740 East 17th Avenue
Columbus, Ohio 43211

Phone: (614) 466-4896
Fax: (614) 387-7667

9. **Approval:** All completed forms must receive the approval of the Personnel Commander prior to the applicable, scheduled qualification session. In the case of incomplete or rejected applications, the Academy Range Supervisor will notify the retiree prior to the scheduled session date.

DISPOSITION AND RETENTION

1. The original will be retained by the Academy Firing Range with a copy being provided to the retiree.
2. Retain the HP-15C in accordance with SAN 760-1480.