

**LEOSA PHOTOGRAPHIC IDENTIFICATION CARD APPLICATION FOR
RETIRED/FORMER DUBUQUE POLICE DEPARTMENT OFFICERS**

PART 1: APPLICANT PERSONAL INFORMATION

Full Name (Last, First, Middle): _____

Date of Birth: _____

Residential Address (Street Address, City, State, Zip Code):

Phone Number: _____

Email Address: _____

PART 2: DUBUQUE POLICE DEPARTMENT SERVICE HISTORY

Job Title/Rank: _____

Start Date: _____

End Date: _____

Reason for leaving (Retirement, Separation/Resignation, Termination):

PART 3: SELF ATTESTATION

By initializing each item below and signing the attestation, the applicant acknowledges his/her understanding of, and agreement with, all statements, terms, conditions, and requirements included herein:

1. I am submitting this application for a LEOSA photographic identification card identifying me as a qualified former law enforcement officer who retired or separated from the Dubuque Police Department in good standing. _____

2. I understand that any cost incurred as a result of applying for a LEOSA photographic identification card, including the cost of obtaining an annual State firearm testing certification, is the sole responsibility of the applicant, and the Dubuque Police Department will not reimburse the applicant for any costs associated with this application. _____
3. I meet the following requirements of a “qualified former law enforcement officer” in that I:
 - a. Before such retirement or separation from the Dubuque Police Department, was regularly employed as a law enforcement officer for an aggregate total of 10 years or more; _____
 - b. Alternatively, I retired or separated (or am about to retire or separate) from service with the Dubuque Police Department, after completing any applicable probationary period, due to a service-connected disability determined by the Municipal Fire and Police Retirement System. _____
 - c. During the most recent 12-month period, have met the standards for qualification in firearms training for active law enforcement officers, as determined by the State of Iowa, my State of residence, or, if my State has not established such standards, either a law enforcement agency within my State of residence or the standards used by a certified firearms instructor qualified to conduct a firearms qualification test for active duty officers with my State; _____
 - d. Have not been officially found, by a qualified medical professional, to be unqualified for reasons related to mental health and have not entered into an agreement with the Dubuque Police Department in which I acknowledge I am not qualified for reasons relating to mental health; _____
 - e. Am not prohibited by Federal law (18 U.S.C. 922) from receiving or possessing a firearm; _____
 - f. At the time of my retirement or separation, was deemed to be in “good standing”. _____
4. I understand that LEOSA requires me to obtain a certification issued by the State in which I reside indicating that I meet State training and qualification standards for active law enforcement officers to carry a firearm. I understand I must annually complete this certification within the one year prior to the date I am carrying a firearm. _____

5. I understand that I must always have my Dubuque Police Department issued LEOSA photographic identification card identifying me as a retired or separated law enforcement officer **AND** my up-to-date annual State firearms testing certification on my person when I carry a concealed firearm under the authority of LEOSA. Possession of my Dubuque Police Department issued LEOSA photographic identification card alone does not authorize me to carry a concealed firearm. _____
6. I understand that, in order to carry a concealed firearm under the authority of LEOSA, it is my responsibility to ensure that I am in continuing compliance with all LEOSA requirements. If at any time I no longer meet any one of LEOSA's requirements or become subject to a Federal law prohibition on carrying a firearm, I must notify the Dubuque Police Department and I will no longer be eligible to carry a concealed firearm under the authority of LEOSA. _____
7. I understand that the LEOSA photographic identification card is ONLY for identifying me as a retired or separated law enforcement officer. Carrying this card does not authorize me to engage in any law enforcement activities or investigations. _____
8. I understand that, upon my retirement or separation, I am no longer a law enforcement officer with the Dubuque Police Department. As such, the Dubuque Police Department will not represent or reimburse me in any suit or claim related to my carrying a concealed firearm under LEOSA authority. _____
9. In consideration for the issuance of a LEOSA photographic identification card, I agree to indemnify and hold the City of Dubuque, Dubuque Police Department, and their officers and employees harmless from any and all claims and liability arising out of my use or possession of a firearm carried under LEOSA authority. In addition, I, and my heirs, executors, or administrators, release and forever discharge the City of Dubuque, Dubuque Police Department, and their officers and employees from any and all claims, demands, or causes of action related to my use or possession of a firearm or the Dubuque Police Department's issuance of a LEOSA photographic identification card. _____
10. I understand that, with certain limitations and conditions, LEOSA exempts qualified retired and separated law enforcement offices from most State and local laws that prohibit the carriage of concealed firearms. However, I also understand that LEOSA does not supersede or limit State laws that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property and the LEOSA does not limit State laws that prohibit or restrict the possession of firearms on any State or local government property, installation, building, base, or park. _____

11. I understand that LEOSA does not exempt qualified retired or separated law enforcement officers from Federal laws or regulations, including any restrictions on carrying firearms on transportation systems, including commercial airlines.

PART 4: APPLICANT ACKNOWLEDGEMENT

I, _____ (applicant's full name), confirm my understanding of, and agreement with, the statements and requirements included above. All of the information I have included in this Dubuque Police Department LEOSA photographic identification card application is accurate to the best of my knowledge.

Signature

Date

PART 5: AUTHORIZATION

Request APPROVED _____

Request DENIED _____

Jeremy Jensen, Chief of Police