

COMMONWEALTH OF PENNSYLVANIA  
MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION



**PENNSYLVANIA RETIRED OFFICER  
CONCEALED CARRY ACKNOWLEDGEMENT FORM**

[www.psp.pa.gov/mpoetc/rleia](http://www.psp.pa.gov/mpoetc/rleia)

**Instructions:** Provide completed form to the certified law enforcement firearms instructor.

**TO BE COMPLETED BY THE QUALIFIED RETIRED LAW ENFORCEMENT OFFICER**

I meet the definition of a qualified retired/separated law enforcement officer as defined in 18 USC §926C and 37 Pa. Code §221.21. The public agency named below issued me a retired law enforcement identification card.

\_\_\_\_\_  
(Name of Agency/Department)

\_\_\_\_\_  
(City/State)

My signature below indicates I understand the requirements of 37 Pa. Code §221.31 pertaining to my eligibility to receive a qualification card, I am eligible to receive a qualification card, and I will comply with the requirements of 37 Pa. Code §221 when carrying a firearm under this section. I certify the information I have provided is true and correct under penalty of law (18 Pa. C.S. §4904, relating to unsworn falsification to authorities).

\_\_\_\_\_  
(Printed name of Qualified Retired Law Enforcement Officer)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**TO BE COMPLETED BY THE CERTIFIED LAW ENFORCEMENT FIREARMS INSTRUCTOR**

As required in 37 Pa. Code §221.33, I verified the individual named above holds a retired law enforcement identification card issued by the agency/department listed on this form, provided the individual instruction regarding principles of justification, and observed them fire a qualification course as annotated below.

\_\_\_\_\_  
(Qualification Card Number Issued)

Semi-Automatic

\_\_\_\_\_  
(Make/Model of Weapon Fired)

\_\_\_\_\_  
(Type of Ammunition Used)

\_\_\_\_\_  
(Course/Rounds Fired)

Revolver

\_\_\_\_\_  
(Make/Model of Weapon Fired)

\_\_\_\_\_  
(Type of Ammunition Used)

\_\_\_\_\_  
(Course/Rounds Fired)

\_\_\_\_\_  
(Printed name of Certified Law Enforcement Firearms Instructor)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Forward a copy of the completed form to MPOETC and retain a copy for your records for one year from date of qualification.**