

**HR: 218 LEOSA, S: 1132 LEOSA Improvement Act Affidavit**

**State of New York**

**County of** \_\_\_\_\_

\_\_\_\_\_ deposits and says:

(Print Name)

1. That I make this affidavit in support of my application for qualification with a handgun by the Pulaski Police Dept firearms instructor (315)298-7525.

2. That I reside at: \_\_\_\_\_  
(Address)

\_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip Code)

3. That I retired from the following public agency as a law enforcement officer:

\_\_\_\_\_  
4. That my retirement from the agency listed in Paragraph 3, above, was not for reasons of a mental instability;

5. That at the time of my retirement from the agency listed in Paragraph 3, above, I was in good standing with said agency;

6. That prior to the time of my retirement from the agency listed in Paragraph 3, above, I was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person of, any violation of law, and had statutory powers of arrest;

7. That prior to my retirement from the agency listed in Paragraph 3, above, I (check one)  
(A) \_\_\_\_\_ was regularly employed as a law enforcement officer for an aggregate of 10 years or more; or, (B) \_\_\_\_\_ retired from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;

8. That at the time of my retirement from the agency listed in Paragraph 3, above, I had a non-forfeitable right to benefits under the retirement plan of such agency;

9. That I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance;

10. That I am not prohibited by Federal law from receiving a firearm; and,

11. That, since my retirement in good standing from the agency listed in Paragraph 3, above, I have not been involved in any action, event or condition that, if considered prior to my retirement, would have prevented me from retiring in good standing.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Firearm(s) Qualified with:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Range master: \_\_\_\_\_

Contact number: 315-592-8724

Kevin W. Dix

Date of qualification: \_\_\_\_\_

Pass / Fail