



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
 2273 COUNTY CAMP ROAD
 POST OFFICE BOX 310
 APPLING, GEORGIA 30802-0310
 (706) 541-1043



LEOSA Retiree Registration Form

Date Requested: _____

Records Check: Date: _____ By: _____
Name ID #

Internal Affairs Check: Date: _____ By: _____
Name ID #

Retired in Good Standing / Retirement Date: _____ Did Not Retire Terminated

Retirement Agency _____ Agency Contact _____

Phone Number _____ E-Mail Address _____

Current Handgun Permit? Y N If Yes: _____
Permit Number State

Driver's License Number: _____ State: _____ Expiration Date: _____

Name: _____ SSN: _____
Last First Middle

Address: _____
Street City, State County Zip

Sex: M F Race: _____ DOB: _____ Hgt: _____ Wgt: _____ Eye Color: _____ Hair Color: _____
MM/DD/YYYY

Phone: _____ Email Address: _____
Home Other

Type of Weapon: _____ Make: _____ Model: _____ Serial #: _____

Type of Weapon: _____ Make: _____ Model: _____ Serial #: _____

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|--|----------------------------|----------------------------|
| 1. Have you ever been LEOSA certified by the Columbia County Sheriff's Office? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Have you ever been served with an ex-parte or protection order for domestic violence? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Have you ever been charged with, arrested for, or convicted of any violation of criminal law? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Did you retire for reasons of mental instability? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment, for any mental or psychiatric condition? | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7. Are you addicted to or have you ever been addicted to alcohol, any controlled dangerous substances, or dangerous substances; or are you currently being treated for alcoholism, addiction to controlled dangerous substances, or addiction to any dangerous substances? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

ON ATTACHED CONTINUATION FORM, PLEASE INCLUDE THE FOLLOWING:

A. If you answered YES to any of the above questions, please provide detailed explanation of each.

