SP-218 Rev. 06-01-2018

APPLICATION FOR AUTHORIZATION

TO CARRY A CONCEALED HANDGUN

This request is made to Superintendent of the Virginia State Police for authorization to carry a concealed handgun pursuant to Virginia Code Section 18.2-308.016:

**Department Retiree**. *An SP-216A must be completed to apply for nationwide carry privileges under the federal Law Enforcement Officer Safety Act.*

**Sworn Employee on Long-Term Leave Due to a Service-Related Injury**. *An SP-216A must be completed to apply for nationwide carry privileges under the federal Law Enforcement Officer Safety Act.*

**Sworn Employee Resigned**. *An SP-216A must be completed to apply for nationwide carry privileges under the federal Law Enforcement Officer Safety Act.*

**Military-Activated Sworn Employee.** Date of Deployment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |
| Name | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | |
|  | | last | | | | | | | | | first | | | | | | | | | middle initial | | | | | | employee code number | | | |
| Address | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
|  | | | street | | | | | | | | | city | | | | | | | | | county/state | | | | | | zip code | | |
| Sex |  | | | | Race |  | | Date of Birth | | | | |  | | | | | | Social Security Number | | | | | |  | | | | |
| Height | | |  | | | Weight |  | | | | | | | | Hair Color | | |  | | | | | | Eye Color | | |  | | |
| Employment Date(s) | | | |  | | | | |  | Date of Retirement or Resignation | | | | | | |  | | | | |  | Total Years Sworn Service | | | | |  | |

I REQUEST AUTHORIZATION TO CARRY A CONCEALED HANDGUN BASED ON THE FOLLOWING NEED:

|  |
| --- |
|  |
|  |
|  |

A permit issued pursuant to this application must be carried by the recipient at all times while in possession of a concealed handgun. The Criminal Justice Information Services Division Commander, Department of State Police, Post Office Box 27472, Richmond, Virginia 23261-7472 must be notified immediately upon change of address or any information that may be vital to the authority granted.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| date |  | signature of applicant |
| (do not write below this line) | | |

|  |  |
| --- | --- |
| A review of the required databases indicates the applicant is qualified. |  |
|  | cjis division approval |
|  |  |
|  | date |

After consultation with and review of the applicant’s need to carry a concealed handgun and upon determination that the applicant is not disqualified by any provisions of Virginia Code Section 18.2-308.09, this application is:

Approved Issuance Number: S

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not approved for the following reason: | | |  | |
|  |  | | | |
|  | |  | |  |
| date | |  | | superintendent or designee |