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:

Enforcen Sworn I	nent Officer Safety Act. Employee on Long-1		rvice-Relate	onwide carry privileges unde ed Injury. An SP-216A mus fetv Act.		
☐ Sworn I	Employee Resigned			ly for nationwide carry privile	eges under the federal Law	
	nent Officer Safety Act. Activated Sworn Fr	nployee. Date of Deploy	ment			
ivilitary	Addivated Owom Er	inployee: Date of Deploy				
Name						
Name	LAST	FIR	ST	MIDDLE INITIAL	EMPLOYEE CODE NUMBER	
۸ ما ما بره م						
Address	STREET		CITY	COUNTY/STA	TE ZIP CODE	
Cov	Door	Data of Dirth		Cooled Coougity Number		
Sex	Race	Date of biltin		Social Security Number		
Height	Weight	H	air Color _	Ey	e Color	
Employmen Date(s)			Date of Retirement or Resignation		Total Years Sworn Service	
I REQUEST AUTHORIZATION TO CARRY A CONCEALED HANDGUN BASED ON THE FOLLOWING NEED:						
concealed h Office Box	andgun. The Crimina	al Justice Information Se /irginia 23261-7472 mu	rvices Divisi	ion Commander, Departr	while in possession of a ment of State Police, Post nange of address or any	
	aay se mane an	gramour				
DATE			SIGNATURE OF APPLICANT		PPLICANT	
				BELOW THIS LINE)		
A review of the required databases indicates the applicant is qualified. CJIS DIVISION APPROVAL						
				COIG DIVIC	SION ALT NOVAL	
					DATE	
				ncealed handgun and upo 18.2-308.09, this applica	on determination that the	
	Approved Issuance	Number: S				
	Not approved for the	following reason:				
_						
	DATE			SUPERINTENDENT (DR DESIGNEE	