

**CONCEALED HANDGUN PERMIT CERTIFICATION  
FOR RETIRED PEACE OFFICERS**

Qualification Information: (Choose ONE)  Re-Qualification  Pre-Academy Class (Attach PC11)

Range/Location (do not abbreviate city/parish name):	PQC Date:	PQC Score:
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Retired Officer Information: (ALL INFORMATION REQUIRED)

Last Name:	First Name:	Middle Name/Initial:	Generation (Sr, Jr. etc):
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
MAILING ADDRESS	CITY:	STATE:	ZIP CODE:
Agency Retired From: <input type="checkbox"/> Full Time <input type="checkbox"/> Reserve		Retirement Date:	
Contact Phone Number:		Last Requalification Date:	

**Certification by POST Firearms Instructor:**

I hereby certify that the above listed individual is a Retired Peace Officer as defined by L.R.S.14:95 G (2), has completed an annual requalification within the required 13-month period, or has completed the Pre-Academy Firearms Course prescribed by POST. All scores, credentials, and identifications were verified in accordance with POST Regulations.

Name of Instructor: (PRINT)

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Instructor's Agency:

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Signature of Instructor:

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Instructor's Phone Number:

Date:

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