

Name: _____
Last First Middle

Date of Birth: _____ Social Security No. _____

QUESTIONNAIRE

Please answer the questions below with a "yes" or "no" answer. All questions must be answered to determine if you are a "Qualified Retired Law Enforcement Officer" pursuant to 18 U.S.C. § 926C.

- 1) _____ Have you obtained a photographic identification issued by the public law enforcement agency from which you retired as a law enforcement officer? See 18 U.S.C. § 926C(d).
You must provide 2 color copies (front and back) of your photographic identification with this application.
- 2) _____ Did you retire in good standing from service with a public agency as a law enforcement officer, other than for reasons of mental instability? See 18 U.S.C. § 926C(c)(1).
- 3) _____ Before you retired from a public agency as a law enforcement officer, were you authorized by law to engage in the prevention, detection, investigation, or prosecution of, or in the incarceration of any person for any violation of the law and had statutory powers of arrest? See 18 U.S.C. § 926C(c)(2).
- 4) _____ Prior to retiring from a public agency as a law enforcement officer, were you regularly employed as a law enforcement officer for an aggregate of 15 years or more, OR did you retire from service as a law enforcement officer, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by the law enforcement agency that you retired from? See 18 U.S.C. § 926C(c)(3)(A-B).
- 5) _____ Do you have a nonforfeitable right to benefits under the retirement plan of the law enforcement agency that you retired from? See 18 U.S.C. § 926C(c)(4).
- 6) _____ Are you prohibited by Federal law from receiving a firearm? See 18 U.S.C. § 926C(c)(7) or 18 U.S.C. § 922G.
- 7) _____ Is the firearm that you intend to carry, pursuant to § 926C, properly registered to you pursuant to chapter 134, Hawaii Revised Statutes?

Place your hand-written initials on the line prior to each statement below to indicate that you have read, understand and agree with the statement.

_____ I understand that I am prohibited from carrying a concealed firearm if I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance. See 18 U.S.C. § 926C(c)(6) and HFCF.

_____ I certify that the answers given above are true and correct.

_____ I further declare that I meet and understand all requirements of 18 U.S.C. §926C and H.R.S. chapter 134 to carry a concealed firearm in the State of Hawaii as a qualified retired law enforcement officer.

_____ I have read and understand the provisions of 18 U.S.C. § 926C and H.R.S. chapter 134.

_____ I understand that 18 U.S.C. § 926C and the State of Hawaii Firearms Certification card:

_____ does not make me an employee or agent of the State of Hawaii or the County of Hawaii, City and County of Honolulu, County of Kauai or County of Maui.

_____ does not make me a sworn law enforcement officer in the State of Hawaii or any other jurisdiction in the United States of America.

_____ I understand that I am subject to all laws and regulations in the State of Hawaii including but not limited to the firearms laws in chapter 134, H.R.S.

_____ I agree that the State of Hawaii and its counties assume no liability or responsibility for any actions I take while carrying a concealed firearm pursuant to 18 U.S.C. § 926C.

_____ I accept full responsibility and liability if an incident should happen to others or myself while I am carrying the concealed firearm listed above.

Do not sign below until instructed to do so by the agency personnel accepting your application form.

By signing below, I declare under penalty of law that the foregoing is true and correct.

Last

First

Middle

Applicant's Signature

Date

Print Witness' Name

Witness' Signature

Date

DEPARTMENT OF THE ATTORNEY GENERAL
**WAIVER AUTHORIZING ACCESS TO
MENTAL HEALTH/SUBSTANCE ABUSE RECORDS**
HAWAII REVISED STATUTES, CHAPTER 134

TO:
State of Hawaii
Adult Mental Health Division
P.O. Box 3378
Honolulu, Hawaii 96801-3378

OR:

FROM:
Department of the Attorney General
Criminal Justice Division
425 Queen Street
Honolulu, Hawaii 96813

NAME OF APPLICANT: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

I, _____, do freely and in compliance
Applicant's Name
with Hawaii Revised Statutes chapter 134, authorize the Department of the Attorney General, access to any and all records which have a bearing on my mental health, to include drug and alcohol abuse testing and/or treatment, for the strict purpose of determining my qualification to carry a concealed firearm. I understand that my consent can be revoked at any time. Further, this authorization is to any and all health care providers in the State of Hawaii, or any other jurisdiction in which I have resided in, including the Department of Veterans Affairs practitioners. This authorization is made freely, voluntarily and without coercion.

DO NOT SIGN BELOW UNTIL INSTRUCTED TO DO SO BY THE AGENCY PERSONNEL ACCEPTING YOUR APPLICATION

Applicant's Signature

Date

Print Witness' Name

Witness' Signature

Date