

**TEXAS COMMISSION ON LAW ENFORCEMENT**

6330 E. Highway 290, STE. 200

Austin, Texas 78723 - 1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

**Qualified Retired Firearms Certificate**

**Texas Occupations Code §1701. 357**

**Non- refundable \$ 35 fee must be included. Money order or cashier' s check only.**

**Submit PID Assignment form if TCOLE PID has not been issued. Call (512) 936-7700 if questions.**

**APPLICANT INFORMATION**

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Date of Birth	7. Home or Permanent Mailing Address	8. City:	9. State	10. Zip Code
11. TX DL Number	11. Phone Number (include area code)	12. Email		

**An applicant must be a qualified retired law enforcement officer, residing in Texas, who is entitled to carry a concealed firearm under 18 U.S.C. Section 926C.**

**I am a:**

- Qualified Retired Federal Officer (5117)
- Qualified Retired Out-of-State Officer (5117)
- Qualified Retired Texas Officer (5121)

**This is a(n);**

- Initial Application (Firearms Proficiency expires 12 months from qualification month)
- Renewal / duplicate Application (Photo on file will be used. Attach current certificate of firearms proficiency)

**NOTE:** Application for renewal should be made **45** days prior to renewal. Current cards expiration date\_\_\_\_\_.

To qualify, an applicant for a Retired Officer Firearms Proficiency Certificate must meet all proficiency requirements including submission of:

- (1) **Certified** or **notarized** copies of the following documents:
  - (a) government issued ID showing a current Texas residence;
  - (b) **ONLY OUT OF STATE OR FEDERAL OFFICERS** - government issued ID card clearly stating the applicant is a retired or separated law enforcement officer. 18 USC 926(c) **requires** that a qualified law enforcement officer have an ID from the agency from which they separated.
- (2) A sworn affidavit (located on page 2) stating:
  - (a) the officer honorably separated after not less than a total of 10 years of service as a commissioned officer with one or more state, local, or federal law enforcement agencies; or separated with less than 10 years of service as a commissioned law enforcement officer after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;
  - (b) the officer's license as a commissioned officer was not revoked or suspended for any period during the officer's term of service as a commissioned officer;
  - (c) the officer has no psychological or physical disability that would interfere with the officer's proper handling of a handgun;
  - (d) the officer is eligible to carry a firearm under Texas Occupations Code 1701.357 or 18 USC Section 926C; and
- (3) Meet the firearms proficiency requirements for handgun as established in Commission Rule §218.9(c)(1).

I, the applicant, attest that I meet the requirements for issuance of a Retired Officer Firearms Proficiency (1701.357 OC) and have included the non-refundable \$35 fee .

I, the applicant, am fully aware that this application is a government document and, under penalty of perjury, I declare the foregoing information to be true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CERTIFICATE OF FIREARMS PROFICIENCY**  
(Commission Rule §218.9(c)(1))

**Applicant**

First Name	M.I.	Last Name	TCOLE PID
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**Firearms Instructor**

First Name	M.I.	Last Name	<input type="checkbox"/> TCOLE Firearms Instructor <input type="checkbox"/> LTC Instructor # _____
Law Enforcement Agency/Business Name		Mailing Address	
City	County	Zip Code	Telephone Number
Range Location (if other than the above address)			Date of Qualification

I, \_\_\_\_\_, TCOLE Firearms Instructor/LTC Instructor, certify that the above-named applicant has met the minimum Firearms proficiency requirements as established in Commission Rule §218.9 (c)(1) under the following conditions:

- (1) B-27 or similar silhouette target;
- (2) Combat scoring;
- (3) A minimum of 50 rounds;
- (4) Fired at ranges from point blank to at least 15 yards with a least 20 rounds at or beyond seven yards;
- (5) Including at least one timed reload; and
- (6) Minimum passing percentage of 70 (175 out of a possible 250 for 50 rounds).

I am fully aware that this firearms proficiency certification is a government document and, under penalty of perjury, I declare the foregoing information to be true and correct.

\_\_\_\_\_  
Signature of TCOLE Firearms Instructor/LTC Instructor \_\_\_\_\_  
Date

**Affidavit**

I, \_\_\_\_\_, Applicant, do swear or affirm that I meet the requirements established in the Texas

Occupations Code §1701.357 Weapons Proficiency for Certain Retired Peace Officers and Federal Criminal Investigators and Chapter 44, Title 18, United States Code, Section 926C(c) Qualified Retired Law Enforcement Officers. I am a Texas resident. I honorably retired after not less than a total of 10 years of service as a commissioned peace officer with one or more state or local law enforcement agencies or federal criminal investigator as designated by the Texas Code of Criminal Procedure Article 2.122-, or a qualified retired law enforcement officer under Chapter 44, Title 18, United States Code, Section 926C. My license or authority as a commissioned officer was never revoked or suspended for any period during my term of service as a commissioned officer. I was not retired for reasons of mental instability and have no psychological or physical disability that would interfere with the proper handling of a handgun. I have met the minimum qualifications for a handgun as established in Commission Rule §218.9(c)(1).

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

Sworn to and ascribed before me the undersigned official on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**PID ASSIGNMENT (C-1)**

**THIS FORM IS ONLY FOR RETIRED FEDERAL/OUT OF STATE OFFICERS**

**Completion of all fields required.**

**INDIVIDUAL INFORMATION**

1. Social Security Number	2. First Name	3. M. I.	4. Last Name	5. Suffix (Jr., etc.)
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White		7. Date of Birth	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Driver's License State: Num.:
10. Home Mailing Address		11. City	12. State	13. Zip Code
14. Height	15. Weight	16. Hair Color	17. Eye Color	
18. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Phone Number (include area code)		20. Email	

This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCOLE to the above named individual therein creating a TCOLE record and allowing training to be reported for that individual.

**Agency administrator or training coordinator check appropriate box for their student or employee.**

- Applying for entry into a basic licensing course.
- Applicant has read and received a copy of §217.23 Basic Licensing Enrollment Standards

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- Future appointment as a Telecommunicator, Temporary or Licensed
- Future appointment as a County or Contract Jailer, Temporary or Licensed
- Future Appointment as a Probation Officer, Juvenile or Adult
- Ability to track training hours

TCOLE agency / training provider number \_\_\_\_\_ and Name \_\_\_\_\_

\_\_\_\_\_  
Agency Administrator or Training Coordinator (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Individuals not associated with a training provider or agency check below.**

- Applying for instructors certificate
- Applying for Retired Federal Firearms ID
- Applying for consideration of prior out-of-state, federal, military, or TDCJ training.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date