



STATE OF TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION
3025 LEBANON PIKE
NASHVILLE, TENNESSEE 37214-2217
PHONE: 615-741-4461 - FAX: 615-532-0502
<https://www.tn.gov/commerce/post.html>

SUBJECT: INITIAL LEOSA PACKET

Please find the initial LEOSA application and instructions attached.

Using the contact information below, please do not hesitate to call or email if you have any questions.

LaTonya Shelton
Phone: (615) 532-0668
Email: Latonya.M.Shelton@tn.gov

Sincerely,

LaTonya Shelton

LaTonya Shelton
Administrative Services Assistant II
Tennessee P.O.S.T. Commission



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RETIRED LAW ENFORCEMENT OFFICER SAFETY ACT

We have received your request for information pertaining to your eligibility to carry a firearm as a retired law enforcement officer. The State of Tennessee currently provides two (2) options for retired law enforcement officers to obtain certification to carry a firearm in the same manner and to the same extent as authorized for an active law enforcement officer pursuant to T.C.A. §38-8-116 and §38-8-123.

Option 1-Valid in Tennessee only: This certification, pursuant to T.C.A. §38-8-116, does not meet the requirements of 18 U.S.C § 926C (Retired Law Enforcement Officer Safety Act) hereinafter referred to as LEOSA. A retired officer certified under this option is not permitted to carry a firearm outside of the State of Tennessee, unless otherwise authorized. A TBI/FBI criminal history record check and qualification to carry a firearm of the same type according to the standards established by the State of Tennessee P.O.S.T. Commission are required every four (4) years. This certification is valid only in the State of Tennessee for a period of four (4) years.

Option 2-LEOSA Compliant (valid nationwide): This certification, pursuant to T.C.A. §38-8-123, conforms to the requirements of 18 U.S.C. §926C. A retired officer certified under this option is eligible to carry a firearm nationwide under federal law. Please note that a certification issued to a retired officer in accordance with this option shall be automatically revoked by operation of law upon the retired officer becoming ineligible to carry a firearm under federal law. This certification requires an annual qualification to carry a firearm of the same type according to the standards established by the State of Tennessee P.O.S.T. Commission, and an annual TBI/FBI criminal history check. This certification is valid for one (1) year.

In order for our office to process your application correctly and promptly, please indicate clearly the option in which you are selecting. All applicants are required to complete the application in its entirety and provide all of the requested information. Fingerprints may be taken at any IdentGo vendor, or any other private vendor.

At the IdentGo vendor, an applicant's fingerprints will be taken electronically and submitted directly to the TBI/FBI. The criminal history report will then be sent to the State of Tennessee, P.O.S.T.

Commission Office within five (5) to seven (7) business days. A fee of **\$37.15** is required to be paid directly to the IdentGo at the time the lize the services of IdentGo and properly complete the process, please comply with the IdentGo Tennessee applicant processing services form.

To file an application, please submit forms IN-1733, IN-1735, a copy of your certificate and firearms roster qualification from a State of Tennessee P.O.S.T. certified instructor, a copy of your retired photo identification card that was issued by the agency from which the applicant retired from service as a law enforcement officer, two fingerprint cards (if applicable), ten-dollars (\$10.00) to be made out to the State of Tennessee P.O.S.T. Commission.

When the LEOSA application is approved, a certificate and card will be issued to you. You may obtain a renewal application for LEOSA on the website <https://www.tn.gov/commerce/post.html>.

If you have any questions, please contact the State of Tennessee P.O.S.T. Commission office directly during normal business hours of 8:00 a.m. to 4:30 p.m. at (615) 741-4661.

LEOSA (Initial) Application Checklist

- Tennessee Only or Nationwide Certification

- LEOSA Application** (Form IN-1733) (2 Pages) Pg 2 Initialed & Signed

- LEOSA Former Agency Verification** (Form IN-1736) – Form must be completed by the agency from which the applicant retired from service as a law enforcement officer. A signed letter from the chief law enforcement officer from the former agency may also be submitted to verify retirement or separation in good standing with ten (10) years or more of law enforcement experience.

- Copy of **Retired Photo Identification Card** issued by the agency from which the applicant retired from service as a law enforcement officer

- LEOSA Firearms Training Certification** (Form IN-1735) – Certification should denote that the applicant has met the standards established by the former agency or the Tennessee P.O.S.T. Commission for qualification for active law enforcement officers to carry a firearm of the same type.

- Copy of **Firearms Roster Qualification** (copy included in this application)

- TBI/FBI Criminal History Record** – Identogo instructions are included in this application

- Check or Money Order for ten dollars (\$10.00)** made payable to the Tennessee P.O.S.T. Commission



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Retired Law Enforcement Officer's Safety Act (LEOSA) Application

First Name: _____ Last Name: _____ MI: _____

SSN (last four digits): _____ DOB: _____

Rank: _____ Badge #: _____ Employee ID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Ph. #: _____ Cell Ph. #: _____

Driver's License#: _____ State: _____

Retired Agency/Department: _____

Please indicate clearly which option you are selecting for certification:

Option 1 – Valid in Tennessee only: This certification, pursuant to T.C.A. §38-8-116, does not meet the requirements of 18 U.S.C.A. § 926 B and C [Retired Law Enforcement Officer Safety Act (LEOSA)]. A retired officer certified under this option is not permitted to carry a firearm outside of the state of Tennessee unless otherwise authorized. A TBI/FBI criminal history record check and qualification to carry a firearm of the same type according to the standards established by the Tennessee P.O.S.T. Commission are required every four (4) years. This certification is valid only in Tennessee for a period of four (4) years.

OR

Option 2 – LEOSA Compliant (valid Nationwide): This certification, pursuant to T.C.A. §38-8-123, conforms to the requirements of 18 U.S.C.A. §9.2613 and C. A retired officer certified under this option is eligible to carry a firearm nationwide under federal law. Please note that a certification issued to a retired officer in accordance with this option shall be automatically revoked by operation of law upon the retired officer becoming ineligible to carry a firearm under federal law. This certification requires an annual qualification to carry a firearm of the same type according to the standards established by the Tennessee P.O.S.T. Commission, and an annual TBI/FBI criminal history record check. This certification is valid for only one (1) year.

1. Applicant shall not have been convicted of any felony offense punishable by a term exceeding one (1) year. Initial _____
2. Applicant shall not currently be under indictment for any criminal offense punishable by a term exceeding one (1) year. Initial _____
3. Applicant shall not be currently the subject of an order of protection. Initial _____
4. Applicant shall not be a fugitive from justice. Initial _____
5. Applicant shall not be an unlawful user of or addicted to alcohol or any controlled substance and the applicant has not been a patient in a rehabilitation program or hospitalized for alcohol or controlled substance abuse or addiction within ten (10) years from the date of the application. Initial _____
6. Applicant shall not have been convicted of the offense of driving under the influence of an intoxicant in this or any state two (2) or more times within ten (10) years from the date of application and that no convictions has occurred within five (5) years from the date of application or renewal. Initial _____
7. Applicant shall not have been adjudicated as mental defective or incompetent; committed to or hospitalized in a mental institution; appointed by a court conservator for reason of mental effect; judicially determined to be disabled by reason of mental illness, development disability or other mental application; found by a court to pose an immediate substantial likelihood of serious harm, as defined in T.C.A. Title 33, Chapter 6, Part 5, because of mental illness. Initial _____
8. Applicant shall not have been discharged from the Armed Forces under anything other than honorable discharge Chapter 1340-02-05-.02(5). Initial _____
9. Having been a citizen of the United States, applicant shall not have renounced their citizenship. Initial _____
10. Applicant shall not have been convicted of a misdemeanor crime of domestic violence as defined in 18 U.S.C.A. 921(33). Initial _____
11. Applicant shall not be receiving social security disability benefits for reason of alcohol dependence, drug dependence or mental disability. Initial _____
12. Applicant shall not have been convicted of the offense of stalking. Initial _____
13. Applicant shall have retired from an agency in good standing with a minimum of ten (10) years total creditable service in a commissioned status. Initial _____
14. Applicant shall have had powers of arrest at the time of retirement. Initial _____
15. Applicant must carry the handgun you qualify with (H.R. 218). Initial _____

I have read the above qualifications and attest to the fact that I am in compliance with these qualifications.

Signature: _____ Date: _____

The following should be attached before mailing to the below address:

Verification of Commissioned Service (completed by retiring agency)

Check for \$10.00, made payable to the P.O.S.T. Commission.

Mail application and original attachments to:

TN P.O.S.T. Commission
3025 Lebanon Pike
Nashville, TN 37214



PEACE OFFICER STANDARDS AND TRAINING COMMISSION



Verification of Commissioned Service Time for Law Enforcement Officer's Safety Act

First Name: _____ MI: _____ Last name: _____

Rank/Title: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Years of Service in a Commissioned Status:

Department	From mm/dd/yy	To mm/dd/yy	Years	Months	Eligible for rehire

I do hereby certify that the Peace Officers Standards and Training Commission personnel records of the herein named commissioned officer reflect that said officer has served as a creditable commissioned law enforcement officer pursuant to Title 8 U.S.C., Title 18, Chapter 44, Sections 826 B and C, entitled Law Enforcement Officer's Safety Act in the amount of time reflected.

Any person who, with intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. §39-16-702.

I certify that the information on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Department Representative Signature Only



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**Retired Law Enforcement Officer's Safety Act
Firearms Certification From**

First Name: _____ Last Name: _____ MI: _____

SSN (last four digits): _____ DOB: _____

Rank: _____ Badge #: _____ Employee ID: _____

Firearms Recertification Training:

Firearms certification is required to comply with provisions provided by U.S.C.A. Title 18, Chapter 44, Sections 926 B and C, and T.C.A. §§38-8-116 and 38-8-123.

Please indicate clearly which option you are selecting for firearms certification:

I hereby certify that firearms training records of the agency (from which the individual retired from service as a law enforcement officer) indicate that the individual **HAS NOT** less recently than one (1) year before the date the individual is carrying the concealed firearm, been tested or otherwise found by the agency to meet the standard established by the agency for training and qualification for active law enforcement officers to carry a firearm of the same type as the concealed firearm to be eligible for their Law Enforcement Officer's Safety Act (LEOSA) certification card.

All requirements of this Act are satisfied upon the retirement this date of: _____

Firearms Instructor: _____ **Date:** _____

OR

I hereby certify that firearms training records indicate that the herein commissioned member **HAS** successfully completed eight (8) hours of P.O.S.T. Firearms Recertification Training within the past twelve (12) months, pursuant to U.S.C.A. Title 18, Chapter 44, Sections 926 B and C, entitled Law Enforcement Officer's Safety Act (LEOSA) and T.C.A. §38 8-116(b)(2), satisfying all necessary firearms training requirements and meeting the standards established by the Tennessee P.O.S.T. Commission for qualification for active law enforcement officers to carry a firearm of the same type to be eligible for their Law Enforcement Officer's Safety Act (LEOSA) certification card.

All requirements of this Act are satisfied upon the retirement this date of: _____

Firearms Instructor: _____ **Date:** _____



PEACE OFFICER STANDARDS AND TRAINING COMMISSION

L.E.O.S.A. Firearms Training Completion Certificate



I, _____, do hereby certify that
Print Name of Firearms Instructor

Retired Officer: _____
Print Name of Retired Officer

Has successfully completed a course of firearms instruction and training this

_____ Day of _____, 20_____

At the _____
Name and Address of Firearms Range

I further certify that I am a P.O.S.T. Certified Firearms Instructor with

Name of Agency or Institution

And that the prescribed course is P.O.S.T. Certified and satisfies the conditions of
18 U.S.C. §926 and T.C.A. Code §38-8-116 entitled "Law Enforcement Officer's Safety Act".
I do hereby recommend that the aforementioned retired Law Enforcement Officer be
granted all privileges afforded by the L.E.O.S.A.

Signature of Firearms Instructor - Write name legible



**STATE OF TENNESSEE
PEACE OFFICERS STANDARDS AND TRAINING COMMISSION**

LEOSA QUALIFICATION FIREARMS ROSTER

NAME	PSID #	DATE	WEAPON TYPE	MAKE	SCORE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

I certify the retired officers listed above fired the indicated weapon and attained the listed score.

Range Address: _____

Firearms Instructor: _____ **Date:** _____

IdentoGO Tennessee

- Go to <https://www.identogo.com> and choose **Tennessee**
- Or you may call **IdentoGO (855) 226-2937** to schedule
- **Enrollment Services** click on Digital Fingerprinting
- **Click on** Schedule a New Appointment
- **Service code-** 28V243
- **You have selected** – P.O.S.T. COMMISSION Continue
- **ORI** – Enter your agencies assigned ORI number
- **The Agency's Name you choose appears** - is this correct?
- **Acknowledgement/Release**
- **Enter a zip code**

Appointment Details- schedule an appointment

***** Further questions contact Identogo/Idemia *****

Identogo/Idemia 1-855-226-2937

Prices - \$37.15 TBI/FBI-applicant



Tennessee Applicant Processing Services Form

P.O.S.T. Commission

To schedule your ten-minute fingerprint appointment, simply visit <https://tn.ibtfingerprint.com> and enter the following Service Code

28V243

Service Code is unique to your hiring/licensing agency - **Do not use for another purpose**

As a primary form of picture identification, one of the following valid and unexpired documents is required to be presented to the enrollment agent when being fingerprinted:

- **Driver's License issued by a State or outlying possession of the U.S.**
- **State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency**
- **Commercial Driver's License issued by a State or outlying possession of the U.S.**
- **U.S. Passport**

However, in the absence of one of these documents, applicants may provide one or more Secondary Documents including:

- State Government Issued Certificate of Birth
- US Active Duty/Retiree/Reservist Military ID Card (000-10-2)
- Passport
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- INS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by at least two of the following:

- Current Utility Bill (Address)
- Voter Registration Card
- Current Vehicle Registration Card/Title
- Current Paycheck Stub with Name/Address
- Cancelled Check or Current Bank Statement
- Social Security Card



Don't have access to the Internet? You can still schedule an appointment by calling 855.226.2937