

# MILWAUKEE POLICE DEPARTMENT

## LAW ENFORCEMENT OFFICERS' SAFETY ACT (LEOSA) CERTIFICATION CARD AND/OR QUALIFICATION COURSE

### APPLICATION FORM

NAME (Last, First, Middle): \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS OF CURRENT PERMANENT RESIDENCE:

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ALTERNATE MAILING ADDRESS: \_\_\_\_\_

ALTERNATE TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS AT WHICH I WISH TO RECEIVE MPD NOTIFICATION  
REGARDING LEOSA-RELATED MATTERS: \_\_\_\_\_

DATE OF RETIREMENT OR SEPARATION FROM THE MPD: \_\_\_\_\_

QUALIFICATION WEAPON:

\_\_\_\_\_

Manufacturer	Model	Caliber	Barrel Length
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If applying for a LEOSA certification qualification card only, please attach a copy of your certificate of completion regarding a WLESB-approved qualification course, which was presented by a WLESB-approved instructor.

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#### FOR INTERNAL MPD USE ONLY:

Qualification Course Completed by Applicant: MPD \_\_\_\_\_ OTHER \_\_\_\_\_

Date of Completion: \_\_\_\_\_

**MILWAUKEE POLICE DEPARTMENT**  
**Law Enforcement Safety Act**  
**Background Questionnaire**

Completion of this document is required for retired concealed carry applicants who are making such application after 1 year of their retirement date and will be updated at each annual qualification. For any "Yes" response provide details including dates, names, and or locations. **Information provided is limited to the time period after your official retirement date.**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

1. Have you been convicted of any criminal offense, misdemeanor or felony?  
**N Y** If yes, provide details on separate page
2. Are you under indictment or information in any court for any crime?  
**N Y** If yes, provide details on separate page
3. Have you been convicted of any crime that has been expunged or sealed?  
**N Y** If yes, provide details on separate page
4. Have you been convicted in any jurisdiction of a traffic and/or non-traffic offense related to violence, alcohol or drugs or moral turpitude?  
**N Y** If yes, provide details on separate page
5. Are you subject to any court order issued pursuant to any incident of domestic violence?  
**N Y** If yes, provide details on separate page
6. Have you been or are you the subject of any investigation related to domestic violence which involves striking, kicking, or other physical act?  
**N Y** If yes, provide details on separate page
7. Have you been or are you the subject of any investigation related to purposely, attempting to or knowingly or recklessly causing bodily injury?  
**N Y** If yes, provide details on separate page
8. Have you been or are you the subject of any investigation related to negligently causing bodily injury to another with a weapon or other means?  
**N Y** If yes, provide details on separate page
9. Are you on probation for any offense?  
**N Y** If yes, provide details on separate page

# MILWAUKEE POLICE DEPARTMENT

## Law Enforcement Safety Act Background Questionnaire

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10. Have you been dependant upon the use of a controlled substance or over the counter medication?  
**N**    **Y**    If yes, provide details on separate page
11. Are you taking any prescription medication(s) or using other medications which would impair your ability to carry a firearm?  
**N**    **Y**    If yes, provide details on separate page
12. Are you an alcoholic or have you been subject to treatment related to alcohol consumption?  
**N**    **Y**    If yes, provide details on separate page
13. Have you been attended, treated, or observed by any doctor or other health practitioner or any hospital or other health care facility either on an inpatient or outpatient basis for any mental, psychological or psychiatric condition or memory impairment?  
**N**    **Y**    If yes, provide details on separate page
14. Do you have a physical condition and/or been involved in any accident or event which may inhibit or limit your abilities to carry or properly use a firearm?  
**N**    **Y**    If yes, provide details on separate page

I certify that the above information is true and accurate. I understand that failure to respond truthfully shall be cause for the department to deny Law Enforcement Safety Act certification.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NOTARY SEAL HERE	Subscribed and sworn before me this _____ day of _____, 20__
	_____ Notary Public Signature
	Commission expires: _____

# MILWAUKEE POLICE DEPARTMENT

## LAW ENFORCEMENT OFFICERS' SAFETY ACT (LEOSA) CERTIFICATION CARD

### RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT

*FOR FORMER LAW ENFORCEMENT OFFICERS WHO PARTICIPATE IN THE MPD QUALIFICATION COURSE*

In consideration of my participation in the Milwaukee Police Department's LEOSA certification qualification course for former law enforcement officers, held at the Milwaukee Police Department Safety Academy, I understand that I will be firing a weapon with live ammunition on a firing range. I further understand that participating in activities on the MPD firing range involves certain risks, including serious bodily injury and even death, and that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, or the actions or inactions of others, and that there may be other risks either known or unknown at this time. I fully accept and assume all such risks and all responsibility for any injuries, losses, costs, and/or damages incurred as a result of my participation in the course. Furthermore, while engaged in MPD qualification course activities, I will make safety my primary concern, and at all times I will use and implement proper safety-related procedures and precautionary measures.

In consideration of the opportunity to participate in this course, I hereby release, discharge and hold harmless the City of Milwaukee and its officers, agents, representatives, and employees from any and all actions, causes of action, claims and any liability whatsoever, known or unknown, which may arise as a result of, or in any way be related to, my participation in the activities related to my participation in said course. I will also indemnify, defend, save and hold harmless the City of Milwaukee and its officers, agents, representatives, and employees regarding any civil claim, lawsuit or proceeding arising from my actions while carrying a concealed weapon in accordance with the provisions and conditions of the LEOSA and related sections of the Wisconsin Statutes.

I acknowledge I have read this release, waiver of liability and express assumption of risk agreement, and I fully understand it and certify that:

1. I am an eligible former law enforcement officer as defined by the LEOSA, related sections of the Wisconsin Statutes, and the MPD LEOSA policy;
2. I am not prohibited from purchasing or possessing a firearm, or carrying a concealed weapon, by either federal or state law, and I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance;
3. I have read, reviewed and am familiar with all relevant aspects of the LEOSA, all relevant provisions of the Wisconsin Statutes, including those provisions related to carrying a concealed weapon, and the MPD LEOSA policy; and
4. I recognize that the LEOSA certification card does not confer upon me any law enforcement authority, and its use is limited to the provisions contained in the LEOSA, related sections of the Wisconsin Statutes, and the MPD LEOSA policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Type or Print)

\_\_\_\_\_  
Address of Current Permanent Residence of Applicant (Street, City, State, Zip Code)

**MILWAUKEE POLICE DEPARTMENT**  
LAW ENFORCEMENT OFFICERS' SAFETY ACT (LEOSA) CERTIFICATION CARD

**RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT**

*FOR FORMER LAW ENFORCEMENT OFFICERS NOT REQUIRED TO PARTICIPATE IN THE  
MPD QUALIFICATION COURSE BECAUSE THEY HAVE REQUESTED CERTIFICATION  
WITHIN ONE (1) YEAR OF RETIREMENT/SEPARATION OR THEY HAVE SUCCESSFULLY COMPLETED A  
WLESB-APPROVED QUALIFICATION COURSE OFFERED BY ANOTHER AGENCY*

I will indemnify, defend, save and hold harmless the City of Milwaukee and its officers, agents, representatives and employees regarding any civil claim, lawsuit or proceeding arising from my actions while carrying a concealed weapon in accordance with the provisions and conditions of the LEOSA and related sections of the Wisconsin Statutes.

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4. I recognize that the LEOSA certification card does not confer upon me any law enforcement authority, and its use is limited to the provisions contained in the LEOSA, related sections of the Wisconsin Statutes, and the MPD LEOSA policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Type or Print)

\_\_\_\_\_  
Address of Current Permanent Residence of Applicant (Street, City, State, Zip Code)

# MILWAUKEE POLICE DEPARTMENT

## LAW ENFORCEMENT SAFETY ACT RESIDENCY REQUIREMENT COMPLIANCE CERTIFICATION

COMPLIANCE CERTIFICATION	
Full Name:	
My primary residence* is located at:	
Street Address:	
City / State / Zip Code:	
Home Telephone No.:	
<b>Please sign the following statement</b>	
I CERTIFY THAT I AM A RESIDENT OF THE STATE OF WISCONSIN	
Signature:	Date:

\* Residency is defined as where you actually live.