

MILWAUKEE POLICE DEPARTMENT
LAW ENFORCEMENT OFFICER SAFETY ACT CERTIFICATION
REGISTRATION FORM

NAME (Last, First, Middle): _____

RACE: _____

GENDER: _____

DATE OF BIRTH (MM/DD/YYYY): _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE: _____

ALTERNATE ADDRESS: _____

ALTERNATE TELEPHONE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS AT WHICH I WISH TO RECEIVE NOTIFICATIONS, IF DIFFERENT
THAN ABOVE: _____

DATE OF RETIREMENT FROM THE DEPARTMENT: _____

WEAPON: _____

Manufacturer

Model

Caliber

Barrel

Length

MILWAUKEE POLICE DEPARTMENT

Law Enforcement Officer Safety Act Background Questionnaire

Completion of this document is required for a LEOSA certification card applicant who is making such application more than one year after retirement or separation. This information will be updated during each annual qualification process. For any "Yes" response, provide details, including dates, names, and or locations. **Information provided is limited to events which occurred after the applicant's official retirement date.**

NAME: _____

DATE OF BIRTH: _____

#	YES	NO	You must check either "Yes" or "No" to every question.
1			Have you ever been convicted in any court of a felony, including a felony committed in Wisconsin, or a crime committed elsewhere that would be considered a felony in Wisconsin, or any crime for which the judge could have imprisoned you for more than 1 year? *
2			Have you been adjudicated delinquent for any act committed on or after April 21, 1994, that if committed by an adult in Wisconsin, would have been a felony, and not been exempted from the firearm prohibition by order of a court, pursuant to Wis. Stat. § 941.29(8)? *
3			Have you ever been found not guilty of a felony in Wisconsin by reason of mental disease or defect, or not guilty of or not responsible for a crime committed elsewhere, that would be considered a felony in this state, by reason of insanity, mental disease, defect, or illness? *
4			Are you currently under indictment, or have a felony charge pending against you, in any court? *
5			Have you ever been convicted of a misdemeanor crime of domestic violence? *
6			Are you an unlawful user of, or addicted to, marijuana or any other depressant, stimulant, narcotic drug or any other controlled substance? *
7			Are you currently free on bond or bail for a pending felony or misdemeanor offense, or as a witness, where the court has ordered you to not possess a dangerous weapon? *
8			Are you a fugitive from justice? *
9			Are you subject to a court order, including a domestic abuse injunction, domestic abuse tribal injunction, child abuse injunction, or harassment injunction, that prohibits you from possessing a firearm? *

MILWAUKEE POLICE DEPARTMENT

Law Enforcement Officer Safety Act Background Questionnaire Page 2

#	YES	NO	You must check either "Yes" or "No" to every question.
10			Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others, or are incompetent to manage your own affairs) or have you ever been committed to a mental institution? Further definitions of these disqualifiers can be found at: https://www.atf.gov/file/61446/download *
11			Have you ever been dishonorably discharged from the armed forces? *
12			Have you ever renounced your United States Citizenship? *
13			Are you an alien illegally residing in the United States? *
14			Are you a citizen of the United States? If no, include your Alien Registration or INS # : _____ Country of citizenship: _____ *
15			Are you a resident of the State of Wisconsin? If not, provide residency details.
16			Do you possess a current and valid Wisconsin driver license or identification card?
17			Are you at least twenty one years old?
18			Have you completed the training requirements for issuance of a license to carry concealed weapons as required by s. Jus 17.03(7) and 17.05(2)(b) and included a copy of the necessary documentation?

*** If yes for questions 1 - 14, 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 Officer Safety Act certification.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

TELEPHONE: _____

MILWAUKEE POLICE DEPARTMENT LAW ENFORCEMENT OFFICER SAFETY ACT CERTIFICATION

FOR FORMER OFFICERS WHO PARTICIPATE IN THE MPD FIREARMS QUALIFICATION COURSE

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

In consideration of my participation in the Milwaukee Police Department's firearms qualification course held at the Milwaukee Police Department Safety Academy, I understand I will be participating in firing a weapon with live ammunition on a firing range. I further understand that being a participant in activities on the firing range involves certain risks, including serious bodily injury and even death, and that these and other risks may be caused by my actions or inactions, the conditions existing at the time, and/or the negligence of others; and that there may be other risks either known or unknown or not foreseen at this time, and I fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of my participation in the course. Furthermore, while engaged in such activities, I will make safety my primary concern, and at all times use and implement proper 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 on account of, or in any way be related to, my participation in the activities described herein. I will also indemnify, defend, save and hold harmless the City of Milwaukee and its officers, agents, representatives and employees in any claim or civil action arising from my actions while carrying a concealed weapon in accordance with the provisions and conditions of the Law Enforcement Officer Safety Act.

I understand and acknowledge that my participation in the firearms qualification course offered by the Milwaukee Police Department is subject to the following conditions:

- 1 I certify I am an eligible former law enforcement officer as defined by the MPD's Law Enforcement Officer Safety Act Certification Policy.
- 2 I certify I am not prohibited from purchasing or possessing a firearm under either federal or state law.
- 3 I have read, reviewed and am familiar with the Milwaukee Police Department Law Enforcement Officer Safety Act Certification Policy, all relevant aspects of the Law Enforcement Officer Safety Act, and all relevant provisions of Wisconsin law pertaining to the carrying and use of firearms.
- 4 Upon completion of the firearms qualification course, I will be issued a certified photo ID card from the Milwaukee Police Department, as described under section 7(D)(1) of the Law Enforcement Officer Safety Act. This card does not confer upon me any law enforcement authority, and its use is limited to the provisions contained in the Law Enforcement Officer Safety Act.

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

Name of Participant (Type or Print)

Signature of Participant

Date

Address of Participant (Street, City, State, Zip Code)

MILWAUKEE POLICE DEPARTMENT LAW ENFORCEMENT OFFICER SAFETY ACT CERTIFICATION

***FOR FORMER OFFICERS NOT REQUIRED TO PARTICIPATE IN THE MPD QUALIFICATION COURSE
[request for certification within one (1) year of retirement]***

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

I will indemnify, defend, save, and hold harmless the City of Milwaukee and its officers, agents, representatives, and employees in any civil action arising from my actions while carrying a concealed weapon, in accordance with the provisions and conditions of the Law Enforcement Officer Safety Act.

I understand and acknowledge that certification by the Milwaukee Police Department to carry a concealed firearm is subject to the following conditions.

- 1 I certify I am an eligible former law enforcement officer as defined by the MPD's Law Enforcement Officer Safety Act Certification Policy.
- 2 I certify I am not prohibited from purchasing or possessing a firearm under either federal or state law.
- 3 I have read, reviewed and am familiar with the Milwaukee Police Department Law Enforcement Officer Safety Act Certification Policy, all relevant aspects of the Law Enforcement Officer Safety Act, and all relevant provisions of Wisconsin law pertaining to the carrying and use of firearms.
- 4 Upon completion of the firearms qualification course, I will be issued a certified photo ID card from the Milwaukee Police Department, as described under section 7(D)(1) of the Law Enforcement Officer Safety Act. This card does not confer upon me any law enforcement authority, and its use is limited to the provisions contained in the Law Enforcement Officer Safety Act.

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

Name of Participant (Type or Print)

Signature of Participant

Date

Address of Participant (Street, City, State, Zip Code)

MILWAUKEE POLICE DEPARTMENT
LAW ENFORCEMENT OFFICER SAFETY ACT (LEOSA)
CERTIFICATION CARD

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 OR AN EQUIVALENT COURSE

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

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.

I acknowledge I have read this release, waiver of liability, and express assumption of risk agreement, and 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, under 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.

Name of Participant (Type or Print)

Signature of Participant

Date

Address of Participant (Street, City, State, Zip Code)