



# Application – Firearms Certificate for LEOSA

For qualified retired law enforcement officers who meet the requirements of [RCW 36.28A.090](#) & [18USC926C](#)

Instructions are provided on pages 2-6.

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>Initial Application</b>  |  | <input type="checkbox"/> <b>Renewal Application</b> |   |
| <input type="checkbox"/> <b>Qualification at WSCJTC Range</b>  |  | <b>Preferred Qualification Date:</b>                |   |
| <input type="checkbox"/> <b>Qualification <u>NOT</u> at WSCJTC Range</b>   |  |   |   |
| Legal Last Name:   | Legal First Name:                                  | MI:   | Social Security Number:   |
| Date of Birth (DD/MM/YYYY)   | Other Name(s) Used (If applicable)                 |   |   |
| Home Address   | City   | State   | Zip Code  |
| Mailing Address (If different from home)   | City   | State   | Zip Code  |
| Phone Number   | Email Address                                      |   |   |
| Prior Law Enforcement Agency:  | Agency City & State:                               | Total Years of Service (Years & Months)             |   |
| Last Position Held:  | Employment Start Date:                             | Employment End Date:                                |   |
| <b>A Qualified Retired Law Enforcement Officer requesting LEOSA firearms qualification must meet the following eligibility requirements.</b>   |  |   | <b>YES NO</b>   |
| Are you retired or separated in good standing from a service with a public agency as a law enforcement officer for reasons other than mental inability?  |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| Prior to your separation, were you authorized by law to engage in or supervise the prevention, detection, investigation, prosecution, or incarceration of any person for any violation of law and had statutory powers of arrest?  |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| Before your separation, were you regularly employed as a law enforcement officer for an aggregate of 10 years or more of service, or were you separated from the agency due to a service-connected disability, as determined by such agency, provided that any applicable probation period had been completed prior to the separation?   |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| Are you under the influence of alcohol or other intoxicating or hallucinatory drug or substance?   |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| Are you prohibited by State Law from possessing a firearm?   |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| Are you prohibited by Federal Law from possessing a firearm?   |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| I have attached an unexpired front/back copy of my retirement/separation credentials with this application. <a href="#">18 U.S.C. §926C (d)(2)(A)</a> requires a photographic identification issued by the agency from which the individual separated from service as a law enforcement officer that identifies the person as having been employed as a police officer or law enforcement officer. |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| I have attached a front/back copy of my Washington ID/driver's license which shows I am a resident of State of Washington.   |  |   | <input type="checkbox"/> <input type="checkbox"/>                             |
| <b>By initialing, I authorize the Washington State Criminal Justice Training Commission to conduct a background check with any governmental or law enforcement agency, which may include the release of any relevant information, files, or records.</b>   |  |   | <b>Initials</b>   |
| <b>I hereby declare and affirm under penalty of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief.</b>   |  |   |   |
| <b>Printed Name of Applicant</b>   | <b>Signature of Applicant</b>                      |   | <b>Date</b>   |
| <b>FOR COMMISSION USE ONLY</b>   |  |   |   |
| <input type="checkbox"/> APPROVED / <input type="checkbox"/> DENIED<br><input type="checkbox"/> NDI <input type="checkbox"/> WATCH <input type="checkbox"/> Acadis<br>Reviewed by _____  | Firearms Card Mailed: _____<br>Processed by: _____ |   | DATE RECEIVED:<br>Payment Type: _____<br>Trans No.: _____<br>Amount: \$ _____ |

**BEFORE SUBMITTING A APPLICATION YOU MUST HAVE A PROFILE IN ACADIS.**

[Click here if you need to create a profile.](#)

Apart from your signature and initials, all other areas of the application must be typed; handwritten forms will be returned.

When applying for the LEOSA firearms certificate through the WSCJTC, the following documents must be included:

- A front and back copy of your retired ID from your previous Law Enforcement Agency.
- Forms listed below.
  - Forms:
    - CJTC Form 733 – Application – Firearm Certificate for LEOSA
    - LEOSA Range Qualification Sheet (2021)

**Fees:**

**As the WSCJTC does not issue refunds; ensure you are qualified and review your application carefully.**

- Initial Application:
  - Completing qualification **at the WSCJTC Range, the fee is \$100.**
    - [Click here to see range schedule.](#)
  - Completing qualification **not at the WSCJTC Range, the fee is \$50.**
- Renewal Application:
  - Completing qualification **at the WSCJTC Range, the fee is \$50.**
    - [Click here to see range schedule.](#)
  - Completing qualification **not at the WSCJTC Range, the fee is \$25.**

**How to pay – choose 1:**

- Check, money order, or cashier check may be submitted to:  
WSCJTC  
**Attention: PS/PI/BBRA/LEOSA**  
PO Box 40905  
Olympia, WA 98504-0905
- [ACH/Wire Instructions](#)

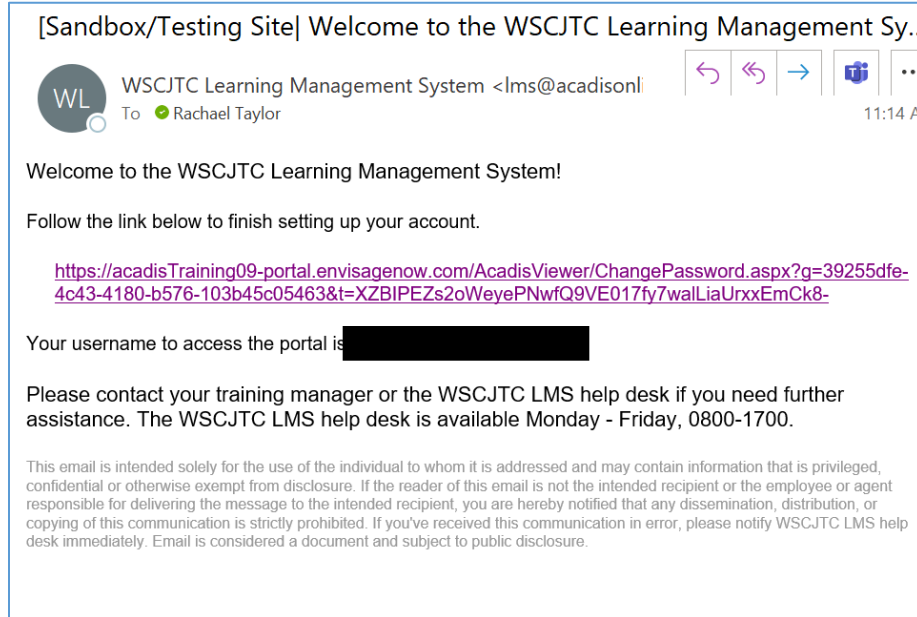
*Please note: If an applicant uses a handgun test administrator offsite, they must meet the following:*

- An active law enforcement range master who has an active WSCJTC Handgun Instructor Level I or II instructor status within the last 3 years.
- Certified instructor from our [Instructor Directory](#) (cost may vary).

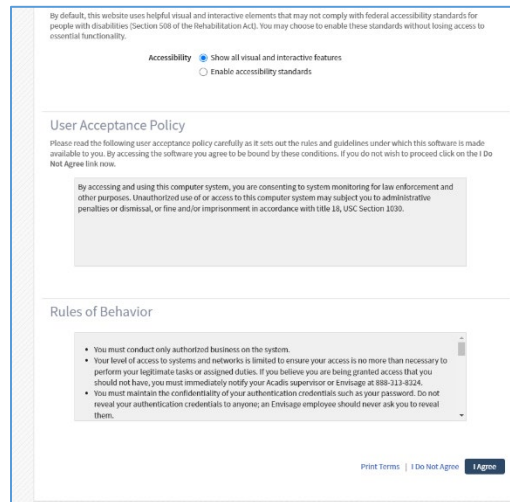
**How to Submit a LEOSA Application – See Next Page**

## Start here if this is your initial application and you have not attended CJTC training in the past.

Once CJTC creates your profile you will receive the following email instructing you to finish setting up your account. Click the link in the email and set up your password.



Then agree to the Terms of Use from Acadis. These are Acadis' terms and CJTC cannot change them.



You will be automatically logged in at this point.

From here you will need to follow the steps for submitting your LEOSA application.

## Start here if you already have an Acadis profile.

Log into the Acadis Portal.

Hover over "Links & Webforms" so the drop-down menu will appear. Click "Find & Complete a Webform."



Scroll to the LEOSA Application Webform

|                                |  |
|--------------------------------|--|
| Instructor New Session Request | This webform is for approved INSTRUCTORS to sc   |
| LEOSA Application              | To apply for LEOSA certification through the WSCJ and a completed handgun qualification. |

Fill out required fields and submit. Below are key sections of the application.

You must tell CJTC how your qualification was/will be completed so we can match up financial records.

A screenshot of the 'LEOSA Application' form. It shows a dropdown menu for the question '\* Where did you take your renewal qualification?'. The dropdown options are: 'Select an option...', 'Renewal was already done at WSCJTC', 'Renewal needs to be done at WSCJTC', 'Renewal was already done offsite', and 'Renewal needs to be done offsite'. There are also fields for '\* Payment has been submitted as a:' and '\* Check#, Money Order #, or Wire Transfer Confirmation#'. A note at the bottom says 'Payment must be submitted to WSCJTC at WSCJTC, PO Box 40905 Olympia, WA 98504-0905. Provide the name of the applicant, type of application, and amount when submitting your payment. If there is no identifying information, your application will experience a delay in processing'.


Payment must be received before your application can be processed. The LEOSA unit will verify payment with the financial department. Providing payment type and check/money order/confirmation number will ensure that this is done quickly.


A screenshot of the 'LEOSA Application' form. It shows a dropdown menu for the question '\* Payment has been submitted as a:'. The dropdown options are: 'Select an option...', 'ACH Wire Transfer', 'Check', and 'Money Order'. There is also a field for '\* Check#, Money Order #, or Wire Transfer Confirmation#'. A note at the bottom says 'Payment must be submitted to WSCJTC at WSCJTC, PO Box 40905 Olympia, WA 98504-0905. Provide the name of the applicant, type of application, and amount when submitting your payment. If there is no identifying information, your application will experience a delay in processing'.A screenshot of the 'LEOSA Application' form. It shows the field '\* Check#, Money Order #, or Wire Transfer Confirmation#' with the value '1001'. A note at the bottom says 'Payment must be submitted to WSCJTC at WSCJTC, PO Box 40905 Olympia, WA 98504-0905. Provide the name of the applicant, type of application, and amount when submitting your payment. If there is no identifying information, your application will experience a delay in processing'.


Whatever is entered in the SSN field, must match with the profile we have in Acadis, or your application cannot be processed.


**Personal Information**

Name (First Middle Last, Suffix)    
  
\* First Middle \* Last Suffix

\* SSN  

\* Driver's License No.   Enter either your SSN so CJTC can match your application to your profile.

\* Date of Expiration for WA driver's License  





\* Date of Birth  


Mailing Address 
  
\* Address 1

If you have not completed your qualification yet, please upload a blank qualification sheet. If you are planning to qualify at the CTJC range, please write in the desired qualification date on the blank uploaded qualification form. You will submit the completed qualification form later.

Providing the typed name and email of your qualification instructor helps CJTC in case there are questions about your qualification.

**Required Documents to Upload**

- \* CJTC Application Form 733 [Doe, John - Application.pdf](#) 
- \* Retirement/Separation LE ID [Doe, John - Credentials.pdf](#) 
- \* LEOSA Range Qualification Sheet [LEOSA Range Qualification Sh...](#)  

 If you are planning to qualify at the CJTC range, please provide the desired qualification date on the uploaded Qualification Form.


**Attestation**


\* By submitting this information

Read the attestations carefully.

Use your full legal name.

**Attestation**

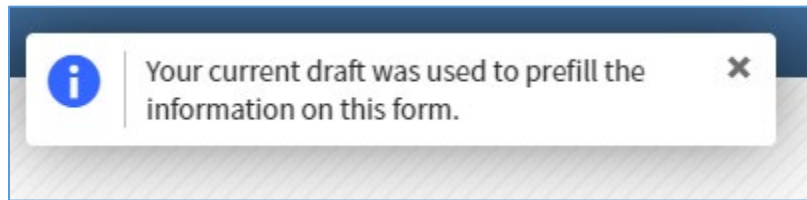
\* By submitting this information electronically I declare & affirm under penalty of perjury that the contents of this application are true & correct to the best of my knowledge, information & belief, & that I am a resident of the State of Washington.   Type full legal name to agree

\* By submitting this form electronically, I authorize the WA State CJTC to conduct a background check with any governmental or law enforcement agency, which may include the release of any relevant information, files, or records.  

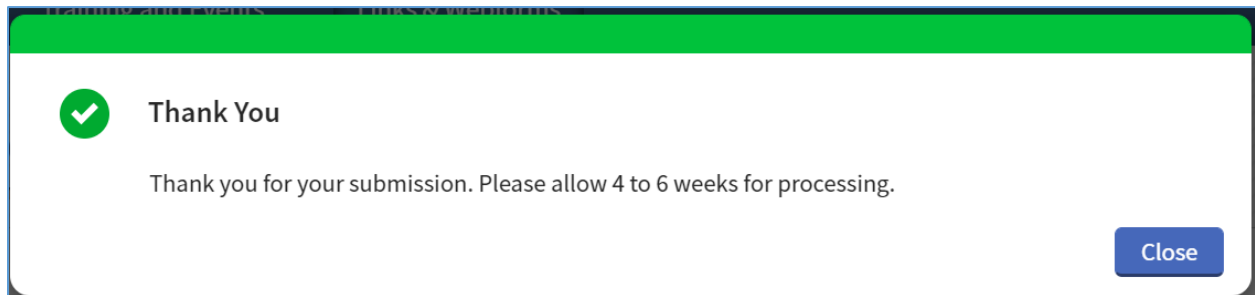
You can choose to submit your Webform application now or finish later depending on your needs.

To restart a partially complete Webform, return to the Webform using the steps above.

The form will be filled in by Acadis automatically.



If an uploaded document has been marked as SSN protected. It will not be saved and will need to be re-uploaded. Once you submit the Webform, a pop-up box will confirm the application was received by CJTC.



A confirmation email will also be sent to the email that we have on file.

