



PRINCE GEORGE'S COUNTY POLICE DEPARTMENT RETIRED OFFICER QUALIFICATION APPLICATION

Name:			D.O.B.
Last	First	Middle	
Current Address:			
City:	State:	Zip:	Telephone:
Date of Retirement:			

Firearm 1

Make:	Model:	Caliber:
Serial#	M.P.T.C. Course #	Day Score:
Date:	Instructor:	Night Score:

Firearm 2

Make:	Model:	Caliber:
Serial#	M.P.T.C. Course #	Day Score:
Date:	Instructor:	Night Score:

I, (full name) _____, hereby apply to the Prince George's County Police Department to be tested in the use of a firearm for qualification under the standards of the Maryland Police and Correctional Training Commission. I understand and agree that the service to be provided by the Prince George's County Police Department is to provide classroom instruction and administer the qualification course and record the score, if that score meets the Maryland standard for firearms qualification.

- (1) I am aware of all requirements of the Federal Law Enforcement Officers Safety Act 2004 (11 U.S.C. 926B *et seq.*).
- (2) I meet the standards set forth by 11 U.S.C. 926B *et seq.* for retired law enforcement officers.
- (3) I understand that the use of firearms is a dangerous activity and I knowingly assume all risk associated with this qualification attempt, including but not limited to any injury I may incur as a result of this activity.
- (4) I agree to indemnify and hold harmless Prince George's County, Maryland, the Prince George's County Police Department, and the officials, agents and employees of both entities, from and against any action, suits, demands, liabilities, losses, damages, costs, settlements, or judgments of any kind suffered, incurred, or caused by my use of firearms.

Signature

Date