



# U.S. POSTAL SERVICE OFFICE OF INSPECTOR GENERAL

## LEOSA Acknowledgment and Waiver

### **Instructions:**

Retired or separated (or about to retire or separate) law enforcement officers (LEOs) seeking a Law Enforcement Officers Safety Act of 2004 (LEOSA) photographic identification card from the U.S. Postal Service Office of Inspector General (USPS OIG) must complete **Section A** and **Section B** of the application.

Completed application, including Section C (to be completed by the agency), must be faxed to: 1-844-36LEOSA for consideration.

By signing as indicated, the applicant acknowledges their understanding of, and agreement with, all of the statements and requirements included herein.

*The information you provide may be shared with the certifying authority of the state in which you seek firearms certification for the purpose of coordinating the issuance of your photographic identification card as well as other Federal, state, and local law enforcement agencies for the purpose of verifying that you have been issued a photographic identification card.*

*Furnishing this information is voluntary; however, failure to provide it may result in the denial of your application.*

### **SECTION A**

#### **Retired or Separated Employee Information:**

Name (Last, First, MI):

Home Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

#### **USPS OIG Office Information:**

AFO:

Office:

Executive Special Agent in Charge (ESAC) Name or Above:

Entry on Duty Date (mm/dd/yyyy):

Separation Date (mm/dd/yyyy):

### **SECTION B**

#### **Acknowledgment and Waiver:**

1. I am submitting this request for a LEOSA photographic identification card identifying me as a LEO who retired or separated from the USPS OIG in good standing.
2. I have read and fully understand 18 U.S.C. § 926C, Law Enforcement Officer Safety Act of 2004 (as amended).
3. I meet the following requirements set out in LEOSA, 18 U.S.C. § 926C, of a "qualified retired law enforcement officer" in that I:



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- A. Retired or separated (or am about to retire or separate) in good standing from service with the USPS OIG as a LEO, other than for reasons of mental instability;
  - B. Before such retirement or separation, was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest;
    - i. Before such retirement or separation, was regularly employed as a LEO for an aggregate of 10 years or more; or
    - ii. Retired or separated (or am about to retire or separate) from service with USPS OIG, after completing any applicable probationary period, due to a service-connected disability, as determined by USPS OIG;
  - C. Am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and,
  - D. After having read the list of categories of persons prohibited by Federal law (18 U.S.C. § 922) from receiving a firearm, I am not prohibited by Federal law from receiving a firearm.
4. At the time of my retirement or separation, there were (or, if about to retire or separate, there are now) no actions or determinations pending against me concerning firearms, psychological fitness for duty, suspension of security clearance, or disciplinary actions.
5. If there were, or are, any such actions pending, please attach a written explanation.
6. I authorize USPS OIG to review any external records that may affect my fitness to carry a firearm. I further authorize USPS OIG to release information in USPS OIG's possession to the certifying authority of the state in which I will seek certification to the extent relevant to my fitness to carry a weapon. By initialing this paragraph, I waive any *Privacy Act* and other legal rights and remedies related to such disclosure, and indemnify USPS OIG and hold it harmless against any liability for such release.
7. I understand that the USPS OIG will not conduct or assist with annual firearms testing for retirees or separated employees. I understand that LEOSA requires me to obtain a certification issued by the state in which I reside indicating that I meet state training and qualification standards for active LEOs to carry a firearm. I must do so within one year of the date I am carrying a firearm. The availability of such certifications varies by state, and it is my responsibility to determine and meet the requirements of my state of residence for obtaining this certification.
8. I understand that I must have the LEOSA photographic identification identifying me as a retired or separated law enforcement officer AND my up-to-date annual state firearms testing certification on my person at all times when I carry a concealed firearm under the authority of LEOSA. Possession of the photographic identification alone does not authorize me to carry a concealed firearm.
9. I understand that, in order to carry a concealed weapon under the authority of LEOSA, it is my responsibility (and not the USPS OIG's) to ensure that I am in continuing compliance with all requirements set out in LEOSA. If at any time I no longer meet any one of these requirements or become subject to any one of the prohibitions, I must notify USPS OIG and the State and I will



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not be covered under LEOSA.

10. I understand that the required USPS OIG photographic identification is only for the purpose of identifying me as a retired or separated LEO from USPS OIG.
11. Neither the photographic identification nor LEOSA confer law enforcement status or arrest authority. I am not authorized to engage in any law enforcement activities or investigations.
12. I understand that as a retiree I am no longer an employee of the U.S. Government. The U.S. Government will not represent, or reimburse, me in any suit or claim related to my carrying a firearm under LEOSA.
13. In consideration for the issuance of a LEOSA identification card, I agree to indemnify and hold USPS OIG harmless from liability for my use of or possession of a firearm carried under LEOSA authority. In addition, I and my heirs, executors, or administrators, release and forever discharge the U.S. Government, the U.S. Postal Service, USPS OIG, and their officers and employees, from any and all claims, demands, or causes of action, related to my use of a firearm or USPS OIG's issuance of LEOSA identification.
14. I understand LEOSA preempts state law. With certain limitations and conditions, LEOSA exempts qualified retired and separated LEOs from most state and local laws that prohibit the carriage of concealed firearms. However, I also understand that LEOSA does not supersede or limit state laws that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property, and that LEOSA does not affect state laws that prohibit or restrict the possession of firearms on any state or local government property, installation, building, base, or park.
15. I understand that LEOSA does not exempt qualified retired or separated LEOs from Federal laws or regulations, including any restrictions on firearms carriage on transportation systems such as commercial airlines. I understand that possession of USPS OIG photographic identification and a state qualification certification does not authorize me to travel armed aboard a commercial aircraft.
16. I understand the issuance of any photographic identification is within the discretion of USPS OIG. Any photographic identification issued by USPS OIG is the property of USPS OIG. Loss or theft of the identification must immediately be reported to USPS OIG. Alteration, reproduction or copying of the identification is prohibited. The identification must be surrendered to USPS OIG upon request, and misuse or failure to comply with any terms or requirements set out in this document may result in revocation of the identification.
17. I further state that I was not removed from Federal service by USPS OIG, did not resign or retire after being told that I would be fired, did not leave USPS OIG by mutual agreement because of specific problems, nor was I debarred from Federal employment by the Office of Personnel Management or any other Federal agency. *(If this is not accurate, attach a written explanation including the date, an explanation of the problem, and reason for leaving).*
18. I am not under indictment or charges for any violation of law. *(If this is not accurate, attach a written explanation including the date, explanation of the alleged violation, place of occurrence, and the name and address of the prosecuting authority or court involved).*



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#### Applicant Signature:

I, \_\_\_\_\_, confirm my understanding of, and am in agreement with all of the statements and requirements included above and that all of the information I have included in this Identification Card Application (and attachments) is accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### Witness Signature:

*Witness signature must be the applicant's current supervisor or Notary.*

The above-named applicant, \_\_\_\_\_, appeared before me in person, signed this application and related attachments in my presence and I verified their identity via a government identification.

\_\_\_\_\_  
Witness or Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number



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#### SECTION C (To Be Completed by Agency)

##### IOD ESAC or designee

Name (Last, First, MI):

Contact Phone Number:

Human Resources: No Findings ☐ Findings ☐

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

TSO: No Findings ☐ Findings ☐

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Employee Relations: No Findings ☐ Findings ☐

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Personnel Security: No Findings ☐ Findings ☐

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Recommendation: Approve ☐ Deny ☐ (If recommending disapproval, attach a separate justification)

IOD ESAC or designee \_\_\_\_\_

Date \_\_\_\_\_

##### IOD DAIGI

Name (Last, First, MI):

Contact Phone Number:

Recommendation: Approve ☐ Deny ☐ (If recommending disapproval, attach a separate justification)

IOD DAIGI \_\_\_\_\_

Date \_\_\_\_\_

USPS OIG is collecting this information to enable processing and adjudication of your application for a LEOSA identification card identifying you as a retired or separated law enforcement officer who may carry a concealed firearm pursuant to 18 U.S.C. § 926C.

The information you provide may be shared with the certifying authority of the state in which you seek firearms certification for the purpose of coordinating the issuance of your photographic identification card as well as other Federal, state, and local law enforcement agencies for the purpose of verifying that you have been issued a photographic identification card.

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