



PROFESSIONAL LICENSING
600 SOUTH BAY ROAD, SUITE 1
DOVER, DE 19901

STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF STATE POLICE

PHONE: 302-739-5991
dsp-prolicense@delaware.gov
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RENEWAL APPLICATION
RETIRED DELAWARE STATE POLICE LAW ENFORCEMENT OFFICER APPLICATION
FOR CARRYING A CONCEALED DEADLY WEAPON
IN ACCORDANCE WITH THE LAW ENFORCEMENT OFFICERS' SAFETY ACT OF 2004
(LEOSA) / [HR 218]

Name: _____
(Last) (First) (M.I.)

Home Address: _____
(Street)

(City) (State) (Zip)

Home Number: _____ Cell: _____
(Area Code) (Area Code)

E-Mail Address: _____

Driver's License#/State: _____ State Born In: _____

Date of Birth: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Eye Color: _____ Hair: _____ SSN #: _____

CCDW 11 DE CA 1441 – Updated 10/2024

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Renewal Affidavit

YES or NO

- _____ I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with the Law Enforcement Officers’ Safety Act of 2004 (“LEOSA”), 18 U.S.C. 926C, (HR 218), I must meet all established standards set forth by the State and Federal laws and regulations.
- _____ I have read and understand the State of Delaware Department of Justice Law Enforcement Officers’ Safety Act of 2004 Advisory.
- _____ I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.
- _____ I am not prohibited by State or Federal law from receiving a firearm.
- _____ I understand that the definition of “firearm” does not include any machine gun, firearms silencer, or destructive device, including sawed-off shotguns.
- _____ I understand that I must meet the State of Delaware’s standards for training and qualifications for retired law enforcement officers to carry the firearm of either Semi, Revolver or both listed on the **State of Delaware Retired DSP Officer Concealed Weapons Qualification** form.
- _____ I understand that my certification expires twelve months from the last day of the qualification month.
- _____ I understand that I must carry the State of Delaware’s certification, along with the photographic identification issued by DSP, when I carry the concealed weapon.
- _____ I have read and understand the laws set forth by the State of Delaware pertaining to, but not limited to, “Deadly Force” and “Carrying a Concealed Deadly Weapon” and all other Delaware Laws pertaining to this application as set forth by the Attorney General’s Office.
- _____ I have not been committed to a psychiatric facility since my retirement.
- _____ I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 26C, does not give me any rights whatsoever to exercise any law enforcement authority or take police action under any circumstances.
- _____ I understand that the State of Delaware may restrict my ability to carry firearms on State or local property, including installations, buildings, bases, and certain areas in parks.
- _____ I assume all responsibility and liability for my actions while acting under the provisions established for LEOSA.
- _____ I have not been convicted of any crime greater than a violation nor have been impacted by any federal firearm possession prohibitor (ex. substance abuse, mental health) since the date of my retirement.

Shooting Qualification Information

Please provide the following information regarding your Annual Shooting Qualification for your HR218:

Scheduled Date of Qualification: _____ / _____ / _____

Qualification Range Location: _____

Acknowledgement

I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief and I so indicate by signing below in the designated space.

Applicant signature

Date

HR218 Renewal Payment

Fee Payment Option #1

_____ Enclose a check or money order made payable to Delaware State Police.

Fee Payment Option #2

_____ Credit Card - VISA, MasterCard, Discover or Debit Card with Visa or MasterCard logo

Authorized Name on Card: _____

Type of Card: _____

Card #: _____

Card Expiration Date: _____

By my signature below I acknowledge being the authorized user of the card and understand the Delaware State Police will charge this card \$20.00 for this HR218 applicant.

| Printed Name | Signature | Date Signed |
|--------------|-----------|-------------|
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