



Administration
 3241 W. Noble Avenue
 Visalia, CA 93277
 T: 559.608.9000
 F: 559.687.6982

Fiscal Division
 3241 W. Noble Avenue
 Visalia, CA 93277
 T: 559.608.9210
 F: 559.687.6984

Adult Division
 3241 W. Noble Avenue
 Visalia, CA 93277
 T: 559.608.9035
 F: 559.687.6984

Juvenile Division
 3245 W. Noble Avenue
 Visalia, CA 93277
 T: 559.608.9270
 F: 559.687.6985

Juvenile Justice Center
 11200 Avenue 368,
 Room 108
 Visalia, CA 93291
 T: 559.735.1525
 F: 559.713.3049

Juvenile Detention Facility
 11200 Avenue 368
 Visalia, CA 93291
 T: 559.735.1600
 F: 559.713.3046

Porterville Office
 1055 West Henderson
 Suite 7
 Porterville, CA 93257
 T: 559.788.1330
 F: 559.788.1335

Date of Application:

Date of Retirement:

Applicant Name (First, Middle, Last):
 (please print legibly):

Phone Number:

Date of Birth:

Drivers License No.:

	Initial here:	
	YES	NO
I was armed in the course of duty.		
I was authorized by law to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for violations of law, and I had statutory right powers of arrest pursuant to PC §830.5.		
I have retired in good standing from service with the Tulare County Probation Department as a law enforcement officer.		
Before I was separated from service, I had regular employment as a peace officer for an aggregate 10 years or more/I was employed as a peace officer for fewer than 10 years but separated from service after completing applicable probationary period due to a service-connected disability as determined by Tulare County Probation Department.		
I have a non-forfeitable right to benefits under Tulare County's retirement/pension plan.		
I have <u>not</u> violated any departmental rule that if violated by an officer on active duty, would result in that officer's arrest, suspension, or removal from the Department.		
I did <u>not</u> retire for reasons of psychiatric instability.		
I am <u>not</u> prohibited by Federal or State law from possessing a firearm. (For example: domestic violence conviction, convicted felon, etc.)		
I have attached a copy of the certified qualification documentation.		

Retired Officer Acknowledgements:

I understand the following eleven (11) acknowledgements listed below:

- Any arrest for a felony or serious misdemeanor including driving under the influence of alcohol and/or drugs is cause for invalidating the CCW endorsement.
- I am precluded from carrying any fully automatic weapon, firearms silencer, or destructive device.
- Every twelve (12) months, at my own expense, I must meet the standards of qualification with the same weapon-type as my concealed firearm.
- I must carry the photographic identification card issued by the Tulare County Probation Department and documentation which certifies that I have met the standards for qualification with the same type firearm as the one I intend to carry. The authorized signature on this document must be issued from a qualified range in the State of California.

- I remain subject to all Department policies and federal, state and local laws.
- Failure to obtain and carry documentation of yearly qualification will automatically invalidate the CCW endorsement.
- The CCW endorsement expires one (1) year from the date of issue and it is my responsibility to re-apply if I wish to continue to carry a concealed weapon.
- If approved for a CCW endorsement, it is my responsibility to notify the Chief Probation Officer within 48 hours (or next business day) of any incident or issue that may cause the CCW endorsement to be revoked and agree to forfeit the identification card with the “CCW Approved” stamp to the Tulare County probation Department if the authorization to carry a concealed firearm is revoked or upon forfeiture of my right to a revocation hearing.
- The Tulare County Probation Department CCW endorsement does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.
- I am responsible for all liability for, injury to, or death of any person, or damage to any property which may result through any act or omission. In the event any claim, suit, or action is brought against the County of Tulare Probation Department, its Chief Probation Officer or any of its employees, by reason of or in connection with any such act or omission, I shall defend, indemnify and hold harmless the Tulare County Probation Department, its Chief Probation Officer or any of its employees from such claim, suit or action.
- The issuance of the CCW endorsement will not occur until after formal separation from County Employment. I understand that even though I am holding a County of Tulare Probation Department issued CCW endorsement as a retired officer, I am acting as an individual and not as an employee of the Tulare County Probation Department. I am personally responsible for all liability for, injury to, or death of any person, or damage to any property which may result through any act or omission involving a firearm. The County assumes no liability or responsibility for such use.

I solemnly swear or affirm under the penalties of perjury the information provided in the questionnaire is true to the best of my knowledge, information and belief. I affirm that I have read and understand the Carry Concealed Weapon (CCW) – Retired Probation Officer General Order and the above acknowledgements.

Signature: _____ Date: _____

Applicant

I have read, understood, and agree to the above and hereby request to be issued a "CCW Approval" pursuant to PC §16690, 25450 et al. and 26300 et al. I have read, understood, and agree to adhere to department policy 206 - Retiree Concealed Firearms, and understand this authorization, if granted, must be renewed every one (1) year, and it is my responsibility to initiate all required renewals. I also acknowledge it is my responsibility to comply with all legal requirements necessary to maintain my eligibility to be issued this "CCW Approval."

Initial Retirement _____ Date of Retirement

Renewal _____ Date of Last Authorization

Name of Retiree (Print)

Signature of Retiree

List of qualified firearms:

<u>Manufacturer:</u>	<u>Model:</u>	<u>Caliber:</u>	<u>Serial #</u>

Range Master: _____ Qualification Date: _____

Accreditation: _____ Location: _____

Signature: _____

THIS PORTION TO BE COMPLETED BY THE PROBATION DEPARTMENT

- Criminal record clearance did not reveal disqualifying information.
- Criminal record clearance did reveal disqualifying information.
- All information on the list of items on the first page has been confirmed and verified correct.

The above retiree's application to carry an identification card with "CCW Approved" endorsement is:

Approved

Not Approved

Date: _____

Chief Probation Officer