

Consultation Report Concealed Handgun Permit

This form shall be utilized in the application process for a concealed handgun permit issued by the Superintendent on behalf of military-activated sworn employees or sworn employees on long-term leave due to a service-related injury.

Consultation Interview

On _____, concealed handgun authorization applicant, _____,
(DATE)

appeared at _____, at which time consultation
(DIVISION/AREA OFFICE OR ADDRESS OF OTHER LOCATION)

was held with the applicant and the following issues were discussed.

- 1. Virginia Code Section 18.2-308.016.
- 2. A permit issued by the State Police Superintendent allows the holder to carry a concealed handgun anywhere in Virginia unless otherwise restricted by law.
- 3. Proof of consultation and favorable review shall be valid as long as the sworn employee is on active military duty and shall expire when the sworn employee returns to active law-enforcement duty with the Department of State Police.
- 4. Proof of consultation and favorable review shall be valid until the officer returns to work or terminates his or her employment with the agency, or retires on disability because of the service-related injury.
- 5. Virginia Code Section 18.2-308.014 (Reciprocity). The issuance of the proof of consultation and favorable review shall be entered into the Virginia Criminal Information Network.
- 6. Concealed handgun permits issued to military-activated sworn employees and sworn employees on long-term leave due to a service-related injury do not qualify for nationwide carry privileges under the provisions of the federal Law Enforcement Officers Safety Act (USC 926C).
- 7. One photograph, taken in compliance with the corresponding Training Memo, must be affixed to this form.

Based upon my consultation with the applicant, the issuance of a concealed handgun permit pursuant to Virginia Code Section 18.2-308.016 is:

Recommended

Not recommended for the following reason: _____

(PRINT NAME OF DESIGNEE) (SIGNATURE OF DESIGNEE) (DATE)

Reviewed by:

(PRINT NAME OF DIVISION COMMANDER) (SIGNATURE OF DIVISION COMMANDER) (DATE)

NOTE: This completed form must be attached to properly executed Application for Authorization to Carry a Concealed Handgun, Form SP-218, prior to forwarding to the Human Resource Director.