

APPLICATION FOR AUTHORIZATION TO CARRY A CONCEALED HANDGUN

This request is made to Superintendent of the Virginia State Police for authorization to carry a concealed handgun pursuant to Virginia Code Section 18.2-308.016:

- Department Retiree.** *An SP-216A must be completed to apply for nationwide carry privileges under the federal Law Enforcement Officer Safety Act.*
- Sworn Employee on Long-Term Leave Due to a Service-Related Injury.** *An SP-216A must be completed to apply for nationwide carry privileges under the federal Law Enforcement Officer Safety Act.*
- Sworn Employee Resigned.** *An SP-216A must be completed to apply for nationwide carry privileges under the federal Law Enforcement Officer Safety Act.*
- Military-Activated Sworn Employee.** Date of Deployment ____

Name _____
LAST FIRST MIDDLE INITIAL EMPLOYEE CODE NUMBER

Address _____
STREET CITY COUNTY/STATE ZIP CODE

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Employment Date(s) _____ Date of Retirement or Resignation _____ Total Years Sworn Service _____

I REQUEST AUTHORIZATION TO CARRY A CONCEALED HANDGUN BASED ON THE FOLLOWING NEED:

A permit issued pursuant to this application must be carried by the recipient at all times while in possession of a concealed handgun. The Criminal Justice Information Services Division Commander, Department of State Police, Post Office Box 27472, Richmond, Virginia 23261-7472 must be notified immediately upon change of address or any information that may be vital to the authority granted.

DATE SIGNATURE OF APPLICANT
(DO NOT WRITE BELOW THIS LINE)

A review of the required databases indicates the applicant is qualified. _____
CJIS DIVISION APPROVAL

DATE

After consultation with and review of the applicant's need to carry a concealed handgun and upon determination that the applicant is not disqualified by any provisions of Virginia Code Section 18.2-308.09, this application is:

Approved Issuance Number: S _____

Not approved for the following reason: _____

DATE SUPERINTENDENT OR DESIGNEE