



# BELLEVILLE POLICE

## RETIRED OR SEPARATED OFFICER'S AFFIDAVIT

Before retirement/separation, I was (**choose one**):

regularly employed as a law enforcement officer for ten (10) or more years aggregate.

Or

separated from service with said agency, after completing applicable probationary period of such service, due to a service-connected disability, as determined by said agency.

<b>PLEASE ANSWER ALL THE QUESTIONS</b>	YES	NO
I retired/separated in good standing as a law enforcement officer.		
I affirm that I have not been found by a qualified medical professional to be unfit for reasons relating to mental health.		
I was authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for any violation of law, and I had statutory powers of arrest.		
I affirm that I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance or currently in a drug or alcohol rehabilitation, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.		
I affirm that I am not prohibited by Federal or State law from receiving a firearm.		
I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.		
I understand that I must meet the same State of Illinois standards of requalification for active law enforcement officers to carry a firearm of the same type as my concealed firearm.		
I understand that I must carry the Belleville Police Departments certification card, along with the photographic retired/separated identification issued by the Belleville Police Department and possess a valid Illinois FOID card when I carry the concealed weapon.		
I understand that my certification expires twelve months from the date of issue, and it is my responsibility to reapply if I wish to continue to carry under this law.		
I understand this authorization applies only to the weapon type with which I qualified.		
I understand that the certification does not give me any right whatsoever to exercise law enforcement authority or take police action under any circumstances.		
I understand that a background investigation is required and do authorize one to be conducted to determine if I have been convicted of any criminal offenses or have any mental health issues that would disqualify me from possessing a concealed firearm.		

I have not been charged with nor convicted of any felony or any misdemeanor specified in the Police Training Act section on decertification of police officer 50 ILCS 705/6.1 or any similar offenses in any other state.

I solemnly swear or affirm under the penalties of perjury that the information provided in the questionnaire is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date