



MICHAEL A. HESTRIN
DISTRICT ATTORNEY

OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF RIVERSIDE

BUREAU OF INVESTIGATION

3960 ORANGE STREET
RIVERSIDE, CA 92501
(951) 955-5430



JOSEPH DELGIUDICE
CHIEF INVESTIGATOR

**Application for CCW and/or HR218 for Qualified
Retired Peace Officers**

PERSONAL INFORMATION		
First Name:	Middle Name:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Email Address:
Date of Birth:	Retirement Date:	Rank:
Total Years of Service:	Driver's License Number:	State of Issuance:

RETIREMENT TYPE: (please circle one) **Regular** **Medical**

Notes: _____

WEAPON INFORMATION				
	Make:	Model:	Caliber:	Serial Number:
1.				
2.				
3.				

I acknowledge and understand the above listed weapons are the only weapons I am authorized by the Riverside County District Attorney's Office to carry concealed. I have read statute 18 USC section 926C on the reverse side of this form, and I am a "qualified retired law enforcement officer" as defined under this statute. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at _____ **on** _____
(City and state) (Date)

Signed: _____
(Signature of retired peace officer)