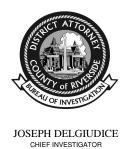


OFFICE OF THE DISTRICT ATTORNEY COUNTY OF RIVERSIDE

BUREAU OF INVESTIGATION

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



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

PERSONAL INFORMATION					
Firs	st Name:	Middle Name:	Las	t Name:	
Mailing Address:					
City	y :	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:	
Notes: WEAPON INFORMATION					
	Make: Mo	odel:	Caliber:	Se	erial Number:
1.	Wake.	ouei.	Camber.		riai Number.
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 statue. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at					
Sig	ned:				

(Signature of retired peace officer)