

**CONCEALED WEAPON RENEWAL, RETIRED POLICE OFFICER**

**REGARDING THE RECORD CHECK OF RETIRED OFFICER:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

<u>HEIGHT</u> FT. IN.	<u>WEIGHT</u>	<u>SEX</u>	<u>RACE</u>	<u>EYES</u>	<u>HAIR</u>
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1. **HAVE YOU EVER VOLUNTARILY COMMITTED YOURSELF TO A MENTAL OR SUBSTANCE ABUSE INSTITUTION? YES \_\_\_ NO \_\_\_**

**IF YES, WHEN:** \_\_\_\_\_

**HAVE YOU BEEN INVOLUNTARILY COMMITTED TO MENTAL INSTITUTION?**

**NO \_\_\_ YES \_\_\_ IF YES, WHEN:** \_\_\_\_\_

2. **HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE, WHICH WOULD BE CONSIDERED EITHER A FELONY OR MISDEMEANOR?**

**NO \_\_\_ YES \_\_\_ IF YES, WHEN:** \_\_\_\_\_

\_\_\_\_\_

**I THE UNDERSIGNED, AFIRM THAT THE INFORMATION CONTAINED ON THIS FORM OR ANY ATTACHMENTS TO THIS FORM ARE BOTH CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO HAVE A COMPLETE BACKGROUND INVESTIGATION CONDUCTED BY THE HENRICO COUNTY DIVISION OF POLICE.**

**SIGNATURE OF RETIRED OFFICER:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_