

**FIREARMS QUALIFICATION CERTIFICATION  
INSTRUCTIONS FOR RETIRED SWORN ROSEVILLE  
POLICE DEPARTMENT (RPD) PERSONNEL**

1. PRINT AND COMPLETE THE FIREARMS QUALIFICATION CERTIFICATION PACKET FROM THE POLICE DEPARTMENT'S SECTION OF THE CITY OF ROSEVILLE WEBSITE AND TAKE IT WITH YOU TO AN RPD RANGE.
  - a. WAIVER AND RELEASE AGREEMENT
  - b. POLICY 204 ACKNOWLEDGEMENT
  - c. RETIRED OFFICER CCW QUALIFICATION FORM
  - d. OUT OF AREA RETIRED OFFICER CCW QUALIFICATION FORM (if applicable)
2. REVIEW POLICY 204: RETIRED CONCEALED FIREARMS FROM THE WEBSITE.
3. DELIVER THE WAIVER AND RELEASE AGREEMENT AND FIREARMS QUALIFICATION CERTIFICATION TO THE POLICE STATION FRONT DESK, TO THE ATTENTION OF POLICE ADMINISTRATION AND INCLUDE YOUR RETURN ADDRESS.
4. HAVE THE RANGE INSTRUCTOR COMPLETE AND SIGN THE CCW QUALIFICATION FORM AFTER YOU QUALIFY.
5. AFTER APPROVED BY THE CHIEF OF POLICE, AN UPDATED CARD WILL BE MAILED TO THE ADDRESS YOU PROVIDED. IF YOUR RETIRED DEPARTMENT IDENTIFICATION CARD HAS EXPIRED AND YOU QUALIFIED AT AN RPD RANGE, PLEASE NOTIFY POLICE ADMINISTRATION AND A NEW ONE WILL BE ISSUED WITH THE FIREARMS QUALIFICATION CERTIFICATION CARD. IF A NEW PHOTO IS REQUIRED, PLEASE MAKE AN APPOINTMENT WITH POLICE ADMINISTRATION AT 916-774-5013.

ROSEVILLE POLICE DEPARTMENT  
ATTENTION: POLICE ADMINISTRATION  
1051 JUNCTION BLVD.  
ROSEVILLE, CA. 95678

***PLEASE NOTE: BY STATE LAW, YOUR RETIRED DEPARTMENT IDENTIFICATION CARD IS ONLY VALID FOR FIVE YEARS FROM THE DATE IT WAS ISSUED. NEW OR REPLACEMENT CARDS WILL NOT BE ISSUED UNLESS YOU QUALIFY AT AN RPD RANGE ONCE EVERY FIVE YEARS TO ENSURE COMPETENCY***



## WAIVER AND RELEASE AGREEMENT RETIRED OFFICER CCW QUALIFICATION

### ROSEVILLE POLICE DEPARTMENT

RPD 12/2020

Name of Retired Peace Officer:

ID#

I am a retired peace officer of the Roseville Police Department and have read the federal requirements as described in the Law Enforcement Officers Safety Act (18 U.S. Code 926C)

I have read the State of California requirements to carry a concealable firearm as it pertains to a retired peace officer (Penal Code 25450, 25455, 25460, 25475, 26305).

I recognize that the Roseville Police Department is not legally required to provide me with firearms instruction or a firearms qualification course. In consideration of my participation in any Roseville Police Department firearms instruction or firearms qualification course, I agree as follows:

I agree to indemnify, defend, and hold harmless the Roseville Police Department, its agents, representatives, or employees, for any injury caused by my participation in its or any other qualification process. I further waive any claim for damages against the Roseville Police Department, its agents, representatives, or employees, for any injury suffered by me while participating in a qualification process.

Further, I hereby specifically agree to indemnify, defend, and hold harmless the Roseville Police Department, its agents, representatives, or employees, from any and all liability resulting from my carrying and/or use of any weapon allowed under the Law Enforcement Officers Safety Act of 2004, including, but not limited to, civil litigation.

Retired Peace Officer Signature

Date:



## POLICY 204 ACKNOWLEDGEMENT

### ROSEVILLE POLICE DEPARTMENT

RPD 12/2020

On \_\_\_\_\_, I, \_\_\_\_\_, ID# \_\_\_\_\_,

Completed the Firearms Qualification Certification requirement. I have a copy of the Roseville Police Department Policy 204 Retiree Concealed Firearms.

I, \_\_\_\_\_, acknowledge receipt of a copy of the policy and my responsibility to comply with the provisions of the Department's Policy.



## RETIRED OFFICER CCW QUALIFICATION FORM

### ROSEVILLE POLICE DEPARTMENT

RPD 12/2020

NAME:

DATE OF BIRTH:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

MAILING ADDRESS (if different):

CITY:

STATE:

ZIP:

RETIREMENT DATE:

DATE OF QUALIFICATION:

INSTRUCTOR:

TYPE OF WEAPON USED:

MAKE:

MODEL:

CALIBER:

QUALIFICATION COURSE TYPE:

DUTY WEAPON

OFF-DUTY WEAPON

OTHER (please describe)

NUMBER OF ROUNDS FIRED DURING QUALIFICATION COURSE:

LAW ENFORCEMENT AGENCY REPRESENTATIVE:

PRINT NAME:

DEPARTMENT ID:

***I certify that I am an authorized representative of the above-listed law enforcement agency and that the above-listed individual successfully completed a firearms qualification course in accordance with HR 218/18USC 926C.***

SIGNATURE OF LAW ENFORCEMENT AGENCY REPRESENTATIVE

DATE

MAILED ID CARD:

DATE:



## OUT OF AREA RETIRED OFFICER CCW QUALIFICATION FORM

### ROSEVILLE POLICE DEPARTMENT

RPD 12/2020

NAME OF RETIRED PEACE OFFICER:

ID#:

DATE OF QUALIFICATION:

TYPE OF WEAPON USED:

MAKE:

MODEL:

CALIBER:

LAW ENFORCEMENT AGENCY CONDUCTING QUALIFICATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

QUALIFICATION COURSE TYPE:

DUTY WEAPON

OFF-DUTY WEAPON

OTHER (please describe)

NUMBER OF ROUNDS FIRED DURING QUALIFICATION COURSE:

LAW ENFORCEMENT AGENCY REPRESENTATIVE:

PRINT NAME:

DEPARTMENT ID:

***I certify that I am an authorized representative of the above-listed law enforcement agency and that the above-listed individual successfully completed a firearms qualification course in accordance with HR 218/18USC 926C.***

SIGNATURE OF LAW ENFORCEMENT AGENCY REPRESENTATIVE

DATE

MAILED ID CARD:

DATE: