STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL

APPLICATION FOR STATE OF HAWAII FIREARM CERTIFICATION FOR QUALIFIED RETIRED LAW ENFORCEMENT OFFICERS PURSUANT TO 18 UNITED STATES CODE § 926C

Name _____
Last First Middle

Date of Birth:_____ Place of Birth: _____

Social Security No. _____ Are you US citizen, national, or legal permanent resident? ☐ Yes ☐ No

Home Address: _____
Street City State Zip Code

Email Address: _____

Cell Phone number: _____ Other phone number: _____

Public Law Enforcement (PLE) Agency from which you separated (If more than one, please provide the information for each additional PLE on a separate page):

PLE name:_____

PLE Agency Address _____
Street City State Zip Code

Occupation _____ Rank at Separation _____

Start Date _____ Separation Date _____

Department Chief or Agency Head:_____Phone No. _____

The firearm I intend to qualify with: (For multiple firearm certifications, a separate application must be submitted for each firearm. The Applicant must complete a separate firearm qualification course for each firearm and pay the cost for each firearm qualification course. It is the Department's position that one firearm may be concealed carried at a time pursuant to 18 USC §926C.)

_____ _____ _____
Make & Model caliber Serial Number

_____ _____
Type State of Hawaii Firearm Registration No.

Name: _____
Last First Middle

Date of Birth: _____ Social Security No. _____

QUESTIONNAIRE

Please answer the questions below with a "yes" or "no" answer. All questions must be answered to determine if you are a "Qualified Retired Law Enforcement Officer" "pursuant to 18 U.S.C. § 926C.

1) _____ Have you obtained a photographic identification issued by the public law enforcement agency from which you separated as a law enforcement officer? See 18 U.S.C. § 926C(d).

2) _____ Did you separate from service in good standing from service with a public agency as a law enforcement officer, other than for reasons of mental instability? See 18 U.S.C. § 926C(c)(1).

3) _____ Before you separated from service from a public agency as a law enforcement officer, were you authorized by law to engage in the prevention, detection, investigation, or prosecution of, or in the incarceration of any person for any violation of the law and had statutory powers of arrest? See 18 U.S.C. § 926C(c)(2).

4) _____ Prior to separating from service from a public agency as a law enforcement officer, were you regularly employed as a law enforcement officer for an aggregate of 10 years or more, OR did you separate from service as a law enforcement officer, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by the law enforcement agency that you separated from? See 18 U.S.C. § 926C(c)(3)(A-B).

5) _____ Are you prohibited by Federal law from receiving a firearm? See 18 U.S.C. § 926C(c)(7) or 18 U.S.C. § 922G.

6) _____ Is the firearm that you intend to carry pursuant to § 926C properly registered to you pursuant to chapter 134, Hawaii Revised Statutes?

7) _____ Have you been found by a qualified medical professional employed by your agency to be unqualified for reasons relating to mental health? See § 926C(c)(5)(A)

8) _____ Have you entered into an agreement with your agency in which you acknowledged you are not qualified under this section for reasons relating to mental health? See § 926C(c)(5)(B)

Place your hand-written initials on the line prior to each statement below to indicate that you have read, understand and agree with the statement.

_____ I understand that I am prohibited from carrying a concealed firearm if I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance. See 18 U.S.C. § 926C(c)(6) and HFCP.

_____ I certify that the answers given above are true and correct.

_____ I further declare that I meet and understand all requirements of 18 U.S.C. §926C and H.R.S. chapter 134 to carry a concealed firearm in the State of Hawaii as a qualified retired law enforcement officer.

_____ I have read and understand the provisions of 18 U.S.C. § 926C and H.R.S. chapter 134.

_____ I understand that 18 U.S.C. § 926C and the State of Hawaii Firearms Certification card:

- _____ does not make me an employee or agent of the State of Hawaii or the County of Hawaii, City and County of Honolulu, County of Kauai or County of Maui.
- _____ does not make me a sworn law enforcement officer in the State of Hawaii or any other jurisdiction in the United States of America.

_____ I understand that I am subject to all laws and regulations in the State of Hawaii including but not limited to the firearms laws in chapter 134, H.R.S.

_____ I agree that the State of Hawaii and its counties assume no liability or responsibility for any actions I take while carrying a concealed firearm pursuant to 18 U.S.C. § 926C.

_____ I accept full responsibility and liability if an incident should happen to others or myself while I am carrying the concealed firearm listed above.

DO NOT sign below until instructed to do so by the agency personnel accepting your application form.

By signing below, I declare under penalty of law that the foregoing is true and correct.

Last	First	Middle

Applicant's Signature	Date

Print Witness' Name	Witness' Signature	Date

CONSENT TO RELEASE CONFIDENTIAL INFORMATION AND WAIVER AUTHORIZING ACCESS TO CONFIDENTIAL INFORMATION AND RECORDS

I, _____, do freely, voluntarily and without coercion, and in compliance with 18 United States Code § 926C and Chapter 134, Hawaii Revised Statutes, consent to and authorize the Chief of Police for the County of Hawaii, City and County of Honolulu, County of Kauai, and County of Maui, the Attorney General of the State of Hawaii, or any other law enforcement agency from which the applicant retired from, access to any and all information and records which have a bearing upon my qualification as a "qualified retired law enforcement officer" for purposes of carrying a concealed weapon in the State of Hawaii pursuant to 18 U.S.C § 926C. I understand that my social security number will be provided to the law enforcement agency in order to verify my identity. Further, I understand that if the law enforcement agency does not respond to the questionnaire, I will not qualify as a "qualified retired law enforcement officer" pursuant to 18 U.S.C. § 926C and will NOT be issued a State of Hawaii Firearm Certification to carry a concealed weapon.

_____
Last First Middle

_____ _____
Applicant's Signature Date

Subscribed and sworn to before me
This _____day of _____, 20____.

Doc. Date _____ # of Pages _____
_____ , _____ Circuit
Doc Description_____
_____
_____

_____
Notary Public, State of Hawaii
Printed Name: _____
My Commission Expires:
_____

_____
Notary Signature Date
NOTARY CERTIFICATION

Authorization for Use or Disclosure of Protected Health Information (PHI)

Organization Disclosing PHI	Name of Individual/Organization (other than AMHD) Disclosing PHI
Name: State of Hawaii Adult Mental Health Division (AMHD) PO Box 3378 Honolulu, HI 96801-3378	Name: _____

Organization That Will Receive the Individual's PHI

Department of the Attorney General
Criminal Justice Division
425 Queen Street
Honolulu, HI 96813

Client/Patient Whose PHI is Being Requested

First Name:	Last name:
Address: _____	Birth date:
	Social Security Number:

I Authorize that the Following Protected Health Information be Used/Disclosed: (PLEASE INITIAL)

_____ Mental Health _____ Substance Abuse Treatment and/or Counseling

The Protected Health Information is Being Used or Disclosed for the Following Purposes (*At the request of the Individual* is an acceptable purpose if the request is made by the individual and the individual does not want to state a specific purpose.):

To determine my qualification to own, possess, or control any firearm or ammunition.

Authorization Duration (This authorization will be in force and effect until the event specified below. At that time, this authorization to use or disclose this protected health information expires).

Expiration of Authorization Event That Relates to the Purpose of the Use or Disclosure:

My disqualification from owning, possessing, or controlling any firearm or ammunition.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the above stated county police department. I understand that a revocation is not effective to the extent that the county police department has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. However, I understand that information related to education (FERPA, 34 CFR Part 99), alcohol or drug treatment services (42 CFR Part 2) may not be redisclosed without my authorization.

Signature:	Date:
Print Name:	

STATE OF HAWAII

DEPARTMENT OF THE ATTORNEY GENERAL
LAW ENFORCEMENT OFFICERS SAFETY
ACT OF 2004

CERTIFICATE OF MEDICAL EXAMINATION

I. NAME *(CAPS)* LAST - FIRST - MIDDLE	**II.** SEX	**III.** BIRTH DATE (*Mo., Day, Year)*	**IV.** SOCIAL SECURITY NO.
V. STREET ADDRESS AND APARTMENT NO.	**VI.** CITY, STATE AND ZIP CODE		
VII. TYPE OF I.D. PRESENTED FOR IDENTIFICATION	**XIV.** APPLICANT SIGNATURE (Sign your name in INK as it appears on your application, in the presence of the examining physician, for identification purposes.)		

PHYSICIAN: ALL of the following items (1-16, except item 8) must be completed. Before beginning the medical examination, refer to items 8 and 9 to be informed of the physical requirements of the position for which applicant is being considered. Sign this certificate upon completion of the examination.

1. HEIGHT: _____ FEET _____ INCHES WEIGHT: _____ POUNDS

2. EYES:

(A) DISTANT VISION *(Snellen):* WITHOUT GLASSES: RIGHT 20 _____ LEFT 20 _____ WITH GLASSES, IF USED: RIGHT 20 _____ LEFT 20 _____

(B) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT WHICH THE FOLLOWING SPECIMEN OF JAEGER NO. 2 TYPE CAN BE READ BY THE APPLICANT? TEST EACH EYE SEPARATELY.

	WITHOUT GLASSES:	WITH GLASSES, IF USED:
R.	_____ IN. TO _____ IN.	_____ IN. TO _____ IN.
L.	_____ IN. TO _____ IN.	_____ IN. TO _____ IN.

(C) EVIDENCE OF DISEASE OR INJURY: RIGHT _____ LEFT _____

(D) COLOR VISION: IS COLOR VISION NORMAL WHEN ISHIHARA OR OTHER COLOR PLACE TEST IS USED? ☐ Yes ☐ No

IF NOT, CAN APPLICANT PASS OTHER COMPARABLE TEST?

3. EARS: (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL. RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD)

ORDINARY CONVERSATION:
RIGHT EAR _____ (20 FT.) LEFT EAR _____ (20 FT.) EVIDENCE OF DISEASE OR INJURY: RIGHT EAR _____ LEFT EAR _____

4 DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES, ALLERGIES, DISEASES, NOT INCLUDED ABOVE

5. SCARS OF SERIOUS INJURY OR DISEASE

6. MENTAL HEALTH: INCLUDE SYMPTOMS AND FULL HISTORY OF ANY MENTAL, NERVOUS OR EMOTIONAL ABNORMALITY (USE ADDITIONAL SHEETS OF PAPER AS NECESSARY).

(A) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS?

(B) WHERE? (NAME AND LOCATION OF HOSPITAL)

(C) DATE OR DATES OF HOSPITALIZATION:

(D) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS:

7. URINALYSIS (IF INDICATED):

SP. GR _____ ALBUMEN _____ SUGAR _____
CASTS _____ BLOOD _____ PUS _____

8. OUTLINE OF WHAT POSITION ENTAILS. Applicant intends to carry a concealed firearm pursuant to the Law Enforcement Officers Safety Act of 2004 18 U.S.C. § 926 C. If applicant meets the requirements of 18 U.S.C. § 926 C and passes the State of Hawaii Firearm Certification, he/she will be allowed to carry a concealed firearm in the 50 United States.

TO BE COMPLETED BY EXAMINING PHYSICIAN:

PHYSICIAN: The items highlighted/bolded below indicate the physical requirements of the certification for which this individual is being considered. Indicate the individual's physical capacities for this certification by placing an "X" in the appropriate column opposite the number(s) highlighted. If the individual has any other physical limitation relating to physical requirements not highlighted or not covered by this form, indicate under "Remarks" on the next page. Whenever PARTIAL capacity is indicated, explain under "Remarks," giving specific quantities.

9. PHYSICAL REQUIREMENTS AND ENVIRONMENTAL FACTORS

		CAPACITY				CAPACITY		
		Full	Partial	None		Full	Partial	None
1.	Outside				35. Straight pulling (hours)			
2.	Outside and inside				36. Pulling - hand-over hand (hours)			
3	Excessive heat				37. Pushing (hours)			
4.	Excessive cold				38. Reaching above shoulder			
5.	Excessive humidity				**39. Use of fingers**			
6.	Excessive dampness or chilling				**40. Use of both hands**			
7.	Day atmospheric conditions				41. Walking (hours)			
8.	Excessive noise, intermittent				42. Standing (hours)			
9.	Constant noise				43. Crawling (hours)			
10.	Dust				44. Kneeling (hours)			
11.	Silica, asbestos, etc.				45. Repeated bending (hours)			
12.	Fumes, smoke, or gases				46. Climbing - use of legs only (hours)			
13.	Solvents (*degreasing agents)*				47. Climbing - use of legs & arms (hours)			
14.	Greases and oils				**48. Use of both legs**			
15.	Radiant energy				49. Operation of crane, truck, tug, tractor, or motor vehicle			
16.	Electrical energy				**50. Ability for rapid mental and muscular coordination simultaneously**			
17.	Slippery or uneven walking surfaces				**51. Ability to use and desirabilty of using firearms**			
18.	Works around machinery with moving parts				**52. Near vision correctable at 13 to 16 inches**			
19.	Moving objects or vehicles				**53. Far vision correctable to 20/20 to 20/40**			
20.	Working on ladders or scaffolding				**54. Far vision correctable to 20/50 to 20/100**			
21.	Working below ground				55. Specific visual requirement (*specify)*			
22.	Unusual fatigue factors (*Specify)*				**56. Use of both eyes**			
23	Working with hands in water				**57. Depth perception**			
24.	Explosives				**58. Ability to distinguish basic colors**			
25.	Vibra ion				**59. Ability to distinguish shades of colors**			
26.	Working closely with others				**60. Hearing (*Aid permitted)***			
27.	Works alone				**61. Hearing without aid**			
28.	Protracted or irregular hours of work				62. Specific hearing requirements *(specify)*			
29.	Heavy lifting - 45 pounds and over				63.			
30.	Moderate lifting - 15 - 44 pounds				64.			
31.	Light lifting - under 15 pounds				65.			
32.	Heavy carrying - 45 pounds and over				66.			
33.	Moderate carrying - 15 - 44 pounds				67.			
34.	Light carrying - under 15 pounds				68.			

IMPAIRMENT CODES

00	NO REPORTABLE IMPAIRMENT
10	AMPUTATION - ONE EXTREMITY
11	AMPUTATION - TWO OR MORE EXTREMITIES
20	DEFORMITY OR IMPAIRED FUNCTION - UPPER EXTREMITY
21	DEFORMITY OR IMPAIRED FUNCTION - LOWER EXTREMITY OR BACK
30	VISION - BEST CORRECTED VISION OF POORER EYE NOT MORE THAN 20/200
31	VISION - BEST CORRECTED VISION OF BETTER EYE NOT MORE THAN 20/200
40	HEARING - SOME IN ONE EAR, NONE IN OTHER
41	HEARING - IN BOTH EARS AND MORE THAN 12/20 IN BETTER EAR WITHOUT AID
42	HEARING - 0/20 IN EACH EAR, INCLUDING SPEECH MALFUNCTION
50	TUBERCULOSIS - INACTIVE PULMONARY
51	ORGANIC HEART DISEASE *(Compensated)* - VALVULAR, ARRHYTHMIA, ARTERIOSCLEROSIS, HEALED CORONARY LESIONS
52	DIABETES - CONTROLLED
53	EPILEPSY - ADEQUATELY CONTROLLED
54	HISTORY OF EMOTIONAL OR BEHAVIORAL PROBLEMS REQUIRING SPECIAL PLACEMENT EFFORT

IMPAIRMENT CODE INSTRUCTIONS

If the person examined has or had any impairment(s) listed above,
enter the code of the ONE impairment which is MOST limiting in item 12.

If none of the impairments apply, enter the code "00."

10. THIS PERSON SHOULD USE: PROPERLY FITTED EYEGLASSES/CONTACT LENSES PROPERLY FITTED HEARING AID

OTHER PROSTHETIC AID *(specify)*

11. IN YOUR OPINION, IS THIS INDIVIDUAL, IN HIS/HER CURRENT PHYSICAL CONDITION, CAPABLE OF CARRYING AND USING A CONCEALED FIREARM? _____ YES _____ NO

PROVIDE YOUR **REMARKS AND RECOMMENDATIONS** BELOW.

12. IMPAIRMENT CODE (See attached codes.)		
13. SIGNATURE OF PHYSICIAN OR EXAMINER	**14.** PHYSICIAN NAME *(Type or print)*	**29.** DATE
15. LICENSE NUMBER & TYPE OF LICENSE	**16.** ADDRESS OF EXAMINING PHYSICIAN *(Type or print)*	