

Commonwealth of Pennsylvania
Office of Attorney General

Application for Retired Law Enforcement Officer's Identification Card

Your completed application should be sent to Lakisha Randolph, Operations Division, Office of Attorney General, 14th Floor, Strawberry Square, Harrisburg, PA 17120, along with a \$15 check payable to the Commonwealth of Pennsylvania. Application must be accompanied by payment.

Full Name (please print):	
Address:	
Address:	
City/State/Zip:	
Phone Number: () -	Email Address:

Date of Birth:	Sex: M / F	Race:	Ht:	Wt:
Hair Color:		Eye Color:		

I certify I retired in good standing, for reasons other than mental instability, from service with the Office of Attorney General as a law enforcement officer as determined by the Attorney General.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify, before retirement, I was authorized by law to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law and had statutory powers of arrest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify, before retirement, I was regularly employed as a law enforcement officer for an aggregate of 15 years or more or retired from service from the Office of Attorney General after completing any applicable probationary period of service due to a service-connected disability, as determined by the Office of Attorney General.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Years of law enforcement service with the Office of Attorney General:	
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Prior law enforcement employment information: List employer(s) and years of service:	

I certify I have a nonforfeitable right to benefits under the retirement plan of the Office of Attorney General.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify I am not prohibited by federal law from receiving or possessing a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Applicant:	Date:
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FOR ADMINISTRATIVE USE ONLY:

Approved by Human Resources Section:	Date:
Applicant Contacted by:	Date:
Card Issued by:	Date: