

Calvin Ball  
County Executive



Lisa D. Myers  
Chief of Police

**HOWARD COUNTY DEPARTMENT OF POLICE**  
3410 Court House Drive, Ellicott City, MD 21043

*On July 22, 2004, H.R. 218, also known as the "Law Enforcement Officers Safety Act of 2004," was signed into law. The law allows qualified active and retired law enforcement officers to carry a concealed firearm nationwide. It is the intent of the Howard County Police Department to offer its retirees the opportunity to certify under the parameters of the law.*

**GUIDELINES FOR H.R. 218**

The classroom portion of the training shall include, at a minimum:

1. Firearms Safety: While training, at home, storing and transporting in a vehicle, or on a person.
2. Firearms Care: Cleaning and maintenance.
3. Marksmanship Fundamentals.
4. Legal Issues: "You are not a Police Officer."

The retirees need:

1. A functioning firearm (revolver or pistol) that holds at least five rounds, as the entire course is shot in five round increments.
2. A belt holster that allows the firearm to be drawn from the strong side (cross draws, waist bags, ankle holsters and the use of pants pockets will not be allowed, for safety reasons).
3. Sixty (60) rounds of ammunition suitable for the firearm (30 rounds for the daylight course of fire and 30 rounds for the reduced light course of fire).
4. HCPD will provide the necessary safety equipment.

Qualification:

A minimum score of 70% is required on both the written test and each qualification course of fire. The qualification shall be on an MPCTC approved course of fire, utilizing MPCTC approved targets.



Calvin Ball  
County Executive



Lisa D. Myers  
Chief of Police

**HOWARD COUNTY DEPARTMENT OF POLICE**  
3410 Court House Drive, Ellicott City, MD 21043

**STANDARDS FOR HANDGUNS**

**All Handguns Must:**

1. Be capable of firing five rounds without reloading.
2. Have all safety features originally in the firearm intact.
3. Have a full trigger guard.

**Revolvers Must:**

1. Have double action capability.
2. Have hammer block safety or transfer bar system that prevents firing unless the trigger is pulled fully to the rear.

**Semi-Automatic Pistols Must:**

Have a firing pin block or similar passive device that positively blocks the firing pin from forward travel unless the trigger is pulled fully to the rear.

**Sights:**

1. Must have open sights, fixed or adjustable.
2. No special optical, mirror, telescopic, or other sighting system other than would normally be found on a police service handgun.

**Holsters:**

1. Must be a conventional right or left-handed draw holster that attaches to the belt at the waist.
2. No inside-the-pants, shoulder, cross-draw, or "fanny-pack" type holsters.
3. Semi-automatic pistol holster must completely cover the trigger guard when the pistol is holstered.

**NOTE: The Firearms Instructor is the final authority regarding the approval of a weapon and/or holster.**



Calvin Ball  
County Executive



Lisa D. Myers  
Chief of Police

**HOWARD COUNTY DEPARTMENT OF POLICE**  
3410 Court House Drive, Ellicott City, MD 21043

**QUALIFIED SEPARATED LAW ENFORCEMENT OFFICER  
APPLICATION FOR CERTIFICATION  
TO CARRY A CONCEALED FIREARM**

---

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ Race: \_\_\_ Height: \_\_\_ Weight: \_\_\_

Eye Color: \_\_\_ Hair Color: \_\_\_

Drivers License #: \_\_\_ State: \_\_\_ SS#: \_\_\_\_\_

**Affidavit**

**Initial**

\_\_\_ I understand that to carry a concealed firearm as a qualified separated law enforcement officer in accordance with 18 U.S.C 926C, I must satisfy certain basic criteria. My satisfaction of the certification will be established based on my answers to these questions.

\_\_\_ The Howard County Department of Police issued me a photographic identification. Identification number, if available: \_\_\_\_\_

\_\_\_ I am separated in good standing from the Howard County Police Department.

\_\_\_ My separation date was: \_\_\_\_\_.

\_\_\_ I did **not** separate for reasons of mental instability.

\_\_\_ I was authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, and I had statutory powers of arrest.



Calvin Ball  
County Executive



Lisa D. Myers  
Chief of Police

**HOWARD COUNTY DEPARTMENT OF POLICE**  
3410 Court House Drive, Ellicott City, MD 21043

Before my separation, I was either (check one)

regularly employed as a law enforcement officer for ten (10) or more years aggregated, or

I separated after completing probation due to service-connected disability as determined by the agency from which I separated.

I was not facing any disciplinary action(s) at the time of my separation.

I have a non-forfeitable right to benefits under my agency's retirement plan.

I am not under the influence of alcohol or another intoxicating or hallucinatory drug substance, and I will not carry a firearm while I'm under the influence of alcohol or another intoxicating or hallucinatory drug or substance.

I am not prohibited by state or federal law from receiving a firearm.

I understand that the definition of "firearm" does not include any machine gun, firearms silencer, or destructive device.

I understand that I must carry both the Howard County Police LEOSA Qualification Card and the HCPD Retired Officers Identification Card when I carry the concealed weapon.

I understand that my certification expires twelve (12) months from the issue date.

I understand that the Law Enforcement Officers Safety Act of 2004, 18 U.S.C 926C, does not give me the rights whatsoever to exercise law enforcement authority or take police action in any circumstances.

**I do hereby declare and affirm under the penalty or perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief that and I so indicate by signing below in the designated space.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Please postal mail, e-mail (preferred), or fax the completed form to:**

**Howard County Police Department  
3410 Court House Drive, Ellicott City, MD 21043  
ATTN: Screening Section  
Email: [LEOSA@howardcountymd.gov](mailto:LEOSA@howardcountymd.gov)  
Fax: 410-313-2313**

Nationally Accredited Since 1990



Calvin Ball  
County Executive



Lisa D. Myers  
Chief of Police

**HOWARD COUNTY DEPARTMENT OF POLICE**  
3410 Court House Drive, Ellicott City, MD 21043

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Howard County Police Department, whether the said records are of public, private or confidential nature.

The intent of this Authorization is to give my consent for full and complete disclosure of the records as follows: records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by me or against me, wheresoever located; and to include the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate and emphasize that the intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a Background Investigation which may provide pertinent data for my suitability as a civilian/contractor/volunteer working within the Howard County Government. I understand that any information obtained by a personal history Background Investigation which is developed directly or indirectly, in whole or in part, upon this Release of Authorization, will be considered in determining my suitability as a civilian/contractor/volunteer employee.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this Release Form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

