

RESERVE OFFICER APPLICATION TO THE
IOWA LAW ENFORCEMENT ACADEMY
TO BE CERTIFIED TO CARRY WEAPONS

Agency Name: _____

Name of Reserve Officer: _____ Drivers License # _____

VERIFICATION OF SATISFACTORY COMPLETION
OF REQUIRED TRAINING

FIREARMS

Training in Firearms ILEA Tactical Handgun and Shotgun Approved ILEA Firearms Course (Day and Night Course) Qualification scores				
Date	# of Rounds	Day %	Night %	Shotgun %

Printed Name and Signature of ILEA Certified Firearms Instructor(s) who provided firearms training.

ASP or EXPANDABLE BATON

Date	Number of Hours (8 hours required)
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Printed name and signature of ILEA Certified ASP or Collapsible Baton Instructor and where employed:

T.A.S.E.R.

Date	Number of Hours (4 hours required)
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Printed name and signature of ILEA Certified T.A.S.E.R. Instructor and where employed:

CHEMICAL AGENTS

Date	Number of Hours (4 hours required)
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Printed name and signature of ILEA Certified Chemical Agents Instructor and where employed:

RESERVE OFFICER APPROVAL TO CARRY WEAPONS
BY (city, City Council; if county, Board of Supervisors)

Name of Reserve Officer: _____

Department: _____

DCI clearance date: _____ FBI clearance date: _____

With our signatures below, we certify that: (1) all of the information is true and correct; (2) the fingerprints of this officer have been processed through the Iowa Division of Criminal Investigation and the Federal Bureau of Investigation that no record of a felony conviction or a conviction for a crime involving moral turpitude as defined by 501 IAC 2.1(6) was disclosed.

That on the _____ day of _____, 20 _____, as required by Iowa Code section 80D.7 this officer was specifically approved to carry any or all weapons listed on this form by the governing body of this jurisdiction (if city, City Council; if county, Board of Supervisors.)

Signature of hiring authority (Chief, Sheriff, Mayor, etc.)

Date

Signature of Reserve Officer

Date