



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
2273 COUNTY CAMP ROAD
POST OFFICE BOX 310
APPLING, GEORGIA 30802-0310
(706) 541-1043



LEOSA Retiree Registration Form

Date Requested: \_\_\_\_\_

Records Check: Date: \_\_\_\_\_ By: \_\_\_\_\_ Name ID #

Internal Affairs Check: Date: \_\_\_\_\_ By: \_\_\_\_\_ Name ID #

Retired in Good Standing / Retirement Date: \_\_\_\_\_ Did Not Retire Terminated

Retirement Agency \_\_\_\_\_ Agency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Current Handgun Permit? Y N If Yes: \_\_\_\_\_ Permit Number State

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last First Middle SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Street City, State County Zip

Sex: M F Race: \_\_\_\_\_ DOB: \_\_\_\_\_ MM/DD/YYYY Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Phone: \_\_\_\_\_ Home Other Email Address: \_\_\_\_\_

Type of Weapon: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Type of Weapon: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Table with 7 rows of questions regarding LEOSA certification, domestic violence, criminal law, mental health, and substance use. Each row has checkboxes for Yes and No.

ON ATTACHED CONTINUATION FORM, PLEASE INCLUDE THE FOLLOWING:

A. If you answered YES to any of the above questions, please provide detailed explanation of each.



