



Office of the Inspector General

SOCIAL SECURITY ADMINISTRATION

APPLICATION AND ATTESTATION FOR SEPARATED OR RETIRED SSA OIG PHOTOGRAPHIC IDENTIFICATION CARD

Pursuant to the Law Enforcement Officers Safety Act of 2004 (LEOSA), Public Law 108-277 and the Law Enforcement Officers Safety Improvements Act of 2010, Public Law 111-272, 18 U.S.C. §§ 926C, qualified retired or separated law enforcement officers who possess the required identification card are permitted to carry concealed firearms, even if state and local laws would ordinarily prohibit.

A separated or retired Special Agent (SA) may request a Social Security Administration (SSA) Office of the Inspector General (OIG) photographic identification card by submitting a completed *Application and Attestation for Separated or Retired SSA OIG Photographic Identification Card* to the LEOSA Coordinator via email to SSA.OIG.LEOSA.Application@ssa.gov or by mail. The applicant must submit the completed SSA OIG identification card application to the LEOSA Coordinator no later than 90 calendar days after their retirement or separation from SSA OIG. The application will only be considered complete if the applicant's signature is witnessed by a current SSA OIG SA or is notarized.

Upon receipt of the notarized or witnessed application, SSA OIG will review internal and/or external files to determine if the applicant is qualified under LEOSA, not prohibited by Federal law from possessing a firearm, and separated in good standing. After the review, the LEOSA Committee will convene and make a recommendation to the Inspector General (IG) or the IG's delegated official. The IG or the IG's delegated official will make the final decision. It is within OIG's sole discretion to grant or deny the application.

The applicant will be informed of the decision in writing. If the application is approved, the applicant will be required to send the LEOSA Coordinator a current color passport photograph.

Acknowledgment and Authorization

I acknowledge that I have read and understand the SSA OIG LEOSA Policy. Through my signature, I authorize SSA OIG to perform a National Crime Information Center database check to confirm that I am not prohibited by Federal law from purchasing, receiving, or carrying a firearm. I also authorize SSA OIG to review my personnel records, external records, or any internal agency reports of investigation or management inquiries to decide on my application. SSA OIG has my permission to contact any prior employers, if necessary, to verify whether I have sufficient law enforcement experience or determine whether there is any information relevant to processing my application.

Printed Name

Signature

Date

Application and Attestation

To request a SSA OIG photographic identification card, you must complete each section of the application below. Your signature must be witnessed before a current Office of Investigations Special Agent or notary public. You may send your completed application to SSA.OIG.LEOSA.Application@ssa.gov or by mail to:

Office of Investigations
 Social Security Administration
 Office of the Inspector General
 6401 Security Boulevard, 3-ME-3
 Baltimore, Maryland 21235
 ATTN: LEOSA Coordinator

SECTION I: Personal Information				
Name (Last, First, MI)			Date of Birth (mm/dd/yyyy)	
Residential Address				
City	State	Zip Code		
Mailing Address (If Different From Residential Address)				
City	State	Zip Code		
Home Phone	Cell Phone	Business Phone		
Email Address				
SECTION II: Law Enforcement Officer Service History*				
Name of Agency	Job Title	Start Date	End Date	Reason for Separation
				<input type="checkbox"/> Retirement <input type="checkbox"/> Separation/Resignation <input type="checkbox"/> Transfer to non-LEO Position
				<input type="checkbox"/> Retirement <input type="checkbox"/> Separation/Resignation <input type="checkbox"/> Transfer to non-LEO Position

***If additional space is required to provide responsive information for Section II, please indicate that on the Application and include the appropriate attachment(s).**

SECTION III: Self Attestation	Response	Initial
1) I am qualified for a LEOSA identification card.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a) Before retirement or separation, 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Before retirement or separation, I was employed as a law enforcement officer for a total of 10 years or more.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) I retired or separated from SSA OIG due to a service-connected disability after completing any applicable probationary period.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) I have been found by a qualified medical professional to be unqualified for reasons relating to mental health.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) I have entered into an agreement in which I have acknowledged I am not qualified under this section for reasons relating to mental health.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) I am not prohibited by law from receiving or possessing a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a) I am not under indictment of a crime punishable by imprisonment exceeding one year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) I have not been convicted of a crime punishable by imprisonment exceeding one year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) I am not a fugitive from justice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) I am not an unlawful user of or addicted to any controlled substance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) I have not been adjudicated as a mental defective or committed to any mental institution.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) I am not an illegal alien or alien admitted under a nonimmigrant visa.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g) I was not discharged from the Armed Forces under dishonorable conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

h) I have not renounced my U.S. citizenship.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i) I am not the subject of a restraining or protective order.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j) I have not been convicted of domestic violence, including a misdemeanor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) I retired or separated from service in good standing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a) I separated or retired during a pending internal inquiry or investigation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) I separated or retired following a proposal or decision removing me from service.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) I separated or retired following the suspension or revocation of a security clearance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) I separated or retired following a proposal to suspend or revoke a security clearance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) I separated or retired during a pending psychological fitness for duty inquiry.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) I separated or retired after having been found not psychologically fit for duty.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g) I separated or retired knowing there was an adjudicated allegation of misconduct against me.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h) I separated or retired following a proposal or decision to suspend or demote me.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) I have not applied for and been denied a photographic identification card under LEOSA from any other Federal agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) I have not applied for and been denied a concealed firearm permit for any State.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV: Statement of Understanding	Response	Initial
1) I understand that the SSA OIG photographic identification card only identifies me as a Former Law Enforcement Officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) I understand that the SSA OIG photographic identification card does not confer law enforcement status or arrest powers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) I understand that the SSA OIG photographic identification card does not authorize me to represent SSA OIG in any manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) I understand that the SSA OIG photographic identification card by itself does not authorize me to carry a concealed firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) I understand that the SSA OIG photographic identification card never authorizes me to carry a firearm aboard a commercial airplane.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) I understand that LEOSA requires me to obtain a firearm certification issued by the State in which I reside or by a qualified certified firearms instructor.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) I understand that I must comply with State laws prohibiting the possession of a concealed firearm on certain property.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8) I understand that I may not give or lend the SSA OIG photographic identification card to any third party.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9) I understand that I may not alter, duplicate, copy, or reproduce the SSA OIG photographic identification card.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10) I understand that I may not use the SSA OIG photographic identification card to commit or further an unlawful or illegal act.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11) I understand that I will immediately report the loss or theft of the SSA OIG photographic identification card to the LEOSA Coordinator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12) I understand that the SSA OIG photographic identification card is the property of the United States Government and I will return it upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Signature

I attest that my statements on this form are true, complete, and accurate to the best of my knowledge and belief, and are made in good faith. I understand that a knowing and willful false statement on the application can be punishable by fine or imprisonment or both. 18 U.S.C. § 1001.

Signature of Applicant

Date

Witness Signature or Notary

As the Witnessing SSA OIG Special Agent, I verify through my signature that the Applicant's signature belongs to the person with that name. I make no representations with regard to the statements made on the application.

Printed Name of Witnessing Special Agent

Witnessing Special Agent

Date

[or]

State of _____ }
County/City of _____ }

On this _____ day of _____ in the year 20____ before me,
_____, a Notary Public in and for said state, personally appeared _____, known to me or satisfactorily proven to be the person who executed the Application and Attestation for Separated or Retired Law Enforcement Officer Identification cards, and acknowledged to me that they executed the same for the purpose therein stated.

Notary Public
Official Seal of Notary

Using a Dark Ink Pen, the Applicant should sign in the text box below.
(This will allow us to scan your signature for importing onto your photographic identification card)