



Louisiana Department of Public Safety and Corrections
Office of State Police

Retired Identification Card Request Application

This application will not be processed unless completed in its entirety.

| | | | | | | | | | |
|---|--------|---|--------------------------------|--------------------------------|---------------|--------------------------------|---------------------|--------------------------------|--|
| NAME (LAST, FIRST, MIDDLE) | | | | DATE HIRED | | DATE RETIRED | | YEARS OF SERVICE | |
| LIST ANY ALIASES OR LEGAL NAME CHANGES | | | | DATA NUMBER | | RANK | | SECTION | |
| RACE | | <input type="checkbox"/> ASIAN/PACIFIC ISLANDER | | <input type="checkbox"/> BLACK | | <input type="checkbox"/> OTHER | | HOME PHONE NUMBER / CELL PHONE | |
| | | <input type="checkbox"/> NATIVE AMERICAN/ALASKAN NATIVE | | <input type="checkbox"/> WHITE | | | | () - / () - | |
| SEX | HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR | DATE OF BIRTH | BLOOD TYPE | PARISH OF RESIDENCE | | |
| SOCIAL SECURITY NUMBER (SSN) | | | DRIVERS LICENSE NUMBER / STATE | | | PERSONAL EMAIL ADDRESS | | | |
| CURRENT MAILING ADDRESS (STREET/PO BOX) | | | | CITY | | STATE | | POSTAL ZIP CODE | |

PRINT NAME

I, _____, hereby acknowledge that I am applying for a Louisiana State Police Retired Identification Card. I further acknowledge and understand that a LSP Retired Identification Card alone does not automatically qualify me to carry or possess a concealed handgun. I agree to read and fully comply with all requirements and restrictions of L.R.S. 14:95 and any other applicable law concerning the carrying of weapons before carrying or possessing a concealed handgun. I also acknowledge that the issuance of or possession of a Louisiana State Police Retired Identification Card does not confer any police or law enforcement powers upon me beyond those of a private citizen.

SIGNATURE

WITNESS

TO INTERNAL AFFAIRS:

Action To be Taken: PREPARE EMPLOYMENT VERIFICATION CONFIRMED YEARS OF SERVICE: _____

Signature: _____ Date: _____

(PLEASE FORWARD DIRECTLY TO SUPERINTENDENT FOR REVIEW)

TO SUPERINTENDENT:

Action To be Taken: **ISSUANCE OF IDENTIFICATION CARD** APPROVED DENIED

Signature: _____ Date: _____

(PLEASE FORWARD DIRECTLY TO INTERNAL AFFAIRS AFTER ACTION TAKEN)

| | | | | |
|--|--------------------------------------|-------------------|---------------------------|------------------------------|
| <p align="center">Submit a current digital photo to: internalaffairs@la.gov or your most recent commission card photo will be used</p> | FOR INTERNAL AFFAIRS USE ONLY | | | |
| | ID REQUEST RECEIVED | ID CARD GENERATED | ID CARD MAILED TO RETIREE | ID CARD PICKED UP BY RETIREE |
| | | | | |