|  |  |
| --- | --- |
|  | 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  ASIAN/PACIFIC ISLANDER  BLACK  OTHER  NATIVE AMERICAN/ALASKAN NATIVE  WHITE | | | | | | | | | | | | HOME PHONE NUMBER / CELL PHONE  (     )       -       / (     )       - | | | | | |
| 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)  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | | | | | | | | | | | | | | | |
| **Submit a current digital photo to:** [**internalaffairs@la.gov**](mailto:internalaffairs@la.gov)  **or**  **your most recent commission**  **card photo will be used** | | | | **FOR INTERNAL AFFAIRS USE ONLY** | | | | | | | | | | | | | |
| **ID REQUEST RECEIVED** | | | | **ID CARD GENERATED** | | | **ID CARD MAILED TO RETIREE** | | | | | | **ID CARD PICKED UP BY RETIREE** |
|  | | | |  | | |  | | | | | |  |

DPSSP 6679 (R 7/22)