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|  |  Louisiana Department of Public Safety and CorrectionsOffice of State Police*Retired Identification Card Request Application* |

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

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| 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 NAMEI, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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****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** |
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DPSSP 6679 (R 7/22)