



CITRUS COUNTY PUBLIC

SAFETY TRAINING CENTER

Application for HR 218 Retired Officer Firearms Qualification

Please complete the attached Release to Participate Waiver and Registration Form. The registration form must be notarized. Bring the notarized registration form along with your retiree ID card and your driver's license to the business office located at:

Withlacoochee Technical College 1201 W Main Street Inverness, FL 34450

Admissions Building (Building 700)

The business Office will make a copy of your driver's license and Retiree ID card to attach to the registration form.

Cashier's Office Hours
352.726.2430 ext. 4304

Monday thru Thursday
7:30am – 3:00pm

The cost for the class is \$ 50.00 (Cash or Credit Card, NO Personal Checks). You must have the required documents and notarized application at the time of payment.

If you are a Citrus County Sheriff's Office Retiree, please contact Denise Barber at 352-726-2430 ext. 4352 prior to making your payment.

WTC Public Safety Training Center

1201 W. Main Street
Inverness, FL 34450-4996
Phone: 352-726-2430, x4352
barberd@citruschools.org

WTCCollege.org



CITRUS COUNTY PUBLIC

SAFETY TRAINING CENTER

Applicant Name	_____	Retiring Agency	_____
Address	_____	Retiring Agency Address	_____
Phone Number	_____	Retirement Date	_____
Email Address	_____	Years of Service	_____
Date of Birth	_____	Today's Date	_____

State of Florida, in and for _____ County. Before me, the undersigned personally appeared _____ who being duly sworn, deposes and says:

_____ I retired in good standing from law enforcement with: at least 10 years of aggregate service as a law enforcement of correctional officer. OR a service-connected disability other than mental instability.

_____ I have a nonforfeitable right to benefits under the retirement plan set forth by my agency.

_____ I am not prohibited under Federal or State law from receiving or possessing a firearm.

_____ I am not under the influence of alcohol or any other intoxicating or hallucinatory substance.

_____ I have no physical limitations or mental health limitations that would interfere with the proper handling of a handgun.

_____ I understand that I must meet and follow the procedures established by HR 218 and the State of Florida in meeting the requirements for obtaining proper certification.

_____ I have not made any material misrepresentation, or failed to disclose any material fact, in my request for certification to carry a firearm under the procedures and requirements set forth by HR 218 and the State of Florida.

Applicant's Printed Name _____ Date _____

Applicant's Signature _____

State of Florida, City/County of _____, the foregoing instrument was acknowledged

Before me this _____ Day of _____, 20 _____

Who is personally know to me or has produced _____ as identification

Signature of Notary Public _____ Seal _____



Release to Participate

(Please Read Carefully)

Print Name: _____ and his/her personal representatives, heirs, and next of kin (referred to as RELEASOR) in consideration of being permitted to participate in classes and/or training at the Citrus County School Board (referred to as CCSB), hereby releases, waives, discharges and covenants not to sue CSB, Citrus County School Board Police Department, its employees, agents, and any other person affiliated therewith,; Citrus County, a political subdivision of the State of Florida, its employees, the administration or members of the Board of County Commissioners all referred to as RELEASEES, from all liability to the RELEASOR, for all loss or damage, and any claim or damage therefore, on account of injury to the person or property or resulting in the death of the RELEASOR, whether caused by the negligence of RELEASEES or otherwise while the RELEASOR is participating or training at Withlacoochee Technical College. RELEASOR agrees to indemnify the RELEASEES and each of them from any loss, liability, damage or cost RELEASEES may incur, whether caused by the negligence of the RELEASEES or otherwise, including attorney fees and costs. RELEASOR assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of RELEASEES or otherwise while competing, working, participating in training, or for any purpose at Withlacoochee Technical College. RELEASOR agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of the agreement is held invalid, it is agreed that the balance shall; notwithstanding, continue in full legal force and effect. RELEASOR further states that he/she has carefully read the above release and knows the contents of the release and signs this release as his/her own free act.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Date

Signature

Witness Printed Name

Witness Signature