



MILWAUKEE COUNTY SHERIFF'S OFFICE

Law Enforcement Safety Act Background Questionnaire

Completion of this document is required for retired concealed carry applicants who are making such application after 1 year of their retirement date and will be updated at each annual qualification. For any "Yes" response provide details including dates, names, and or locations. **Information provided is limited to the time period after your official retirement date.**

NAME: _____

DATE OF BIRTH: _____

1. Have you been convicted of any criminal offense, misdemeanor or felony?
N ☐ Y ☐ If yes, provide details on separate page
2. Are you under indictment or information in any court for any crime?
N ☐ Y ☐ If yes, provide details on separate page
3. Have you been convicted of any crime that has been expunged or sealed?
N ☐ Y ☐ If yes, provide details on separate page
4. Have you been convicted in any jurisdiction of a traffic and/or non-traffic offense related to violence, alcohol, drugs, or moral turpitude?
N ☐ Y ☐ If yes, provide details on separate page
5. Are you the subject to any court order issued pursuant to any incident of domestic violence?
N ☐ Y ☐ If yes, provide details on separate page
6. Have you been or are you the subject of any investigation related to domestic violence which involves striking, kicking, or other physical act?
N ☐ Y ☐ If yes, provide details on separate page
7. Have you been or are you the subject of any investigation related to purposely, attempting to, knowingly, or recklessly causing bodily injury?
N ☐ Y ☐ If yes, provide details on separate page
8. Have you been or are you the subject of any investigation related to negligently causing bodily injury to another with a weapon or other means?
N ☐ Y ☐ If yes, provide details on separate page
9. Are you on probation for any offense?
N ☐ Y ☐ If yes, provide details on separate page



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10. Have you been dependant upon the use of a controlled substance or over the counter medication?

N ☐ Y ☐ If yes, provide details on separate page

11. Are you taking any prescription medication(s) or using other medications which would impair your ability to carry a firearm?

N ☐ Y ☐ If yes, provide details on separate page

12. Are you an alcoholic or have you been subject to treatment related to alcohol consumption?

N ☐ Y ☐ If yes, provide details on separate page

13. Have you been attended, treated, or observed by any doctor, other health practitioner, any hospital, or other health care facility either on an inpatient or outpatient basis for any mental, psychological/psychiatric condition, or memory impairment?

N ☐ Y ☐ If yes, provide details on separate page

14. Do you have a physical condition and/or been involved in any accident or event which may inhibit or limit your abilities to carry or properly use a firearm?

N ☐ Y ☐ If yes, provide details on separate page

I certify that the above information is true and accurate. I understand that failure to respond truthfully shall be cause for the agency to deny you a Law Enforcement Safety Act certification.

DATE: _____

SIGNATURE _____

PRINT NAME: _____

ADDRESS: _____

TELEPHONE: _____

NOTARY
SEAL
HERE

Subscribed and sworn before me this
_____ day of _____, 20____

Notary Public Signature

Commission expires: