

LEOSA CARD REQUEST

Defense Criminal Investigative Service  
Internal Operations Directorate  
4800 Mark Center Drive, Suite 14G25  
Alexandria, VA 22350

I am writing to request a retired Law Enforcement Officer Safety Act (LEOSA) card. I would like my name to appear on the card as follows:

[Current Name/Name as you would like to appear]

Name Formerly Used While Employed (if different than current name):

Social Security Number:

Date of Birth:

Federal, state, and local law enforcement experience. Please include the agency as well as the start and end dates of employment:

(For example, DoD OIG/DCIS, Alexandria, VA 8-1-1987 to 12-2-2000)

My official retirement/separation date is/was:\_\_\_\_\_

I hereby certify that I meet the requirements of Section 926C, title 18, United States Code, as defined in paragraph E2.3, Enclosure 2 of DoDI 5525.12, and that I am not prohibited from carrying a firearm.

I have enclosed a color digital photograph of myself to be used for the LEOSA card. Please return the completed LEOSA card to me at the following address:

[Mailing Address]

I can be contacted by telephone at: [telephone number].

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Signature of Witness