

DEFENSE CONSULTING SERVICES, LLC
DCS Operations Center – 8000 IH 10 W, Suite 600 – San Antonio Texas 78230

QUALIFIED LAW ENFORCEMENT OFFICER APPLICATION

PART 1

Law Enforcement Officers Safety Act Application Notice

In order for Defense Consulting Services (DCS) to process your application the following Personally Identifiable Information (PII) and Sensitive Personally Identifiable Information (SPII) is required.

1. Applicant full name (PII)
2. Applicant telephone number (Not PII)
3. Applicant personal email address (PII)
4. Residential address (PII)
5. Social Security Number (SPII)
6. Copy of driver's license or government identification with photograph. Photo copying of any government issued Common Access Card (CAC) is prohibited. (SPII)
7. Notarized completed LEOSA Credential application (SPII)
8. Electronic passport photo (Not PII)
9. LEOSA Commanders Endorsement Memorandum. **DO NOT** modify the information contained in the memorandum (Not PII)

DCS Ops Center Contact Information	Defense Consulting Services, LLC 8000 IH 10 W, Suite 600 San Antonio, Texas 78230 (210) 525-7900, Ext 1450
USAF LEOSA Program Manager Contact Information	Commercial: (210) 925-7030/5055/5631 DSN: 945-7030/5055/5631
LEOSA Dedicated Questions Email Address	leosa.questions@defenseconsultingservice.com
Send Electronic Identity History Summary's To	HQAFC.SFOP.LEOSA@us.af.mil

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PART 2

Application Processing Instructions

Requirement	926B Active
Electronic passport photograph as defined by the Department of State for all U.S. passports	X
LEOSA Commanders Endorsement Memorandum	X
Copy of driver's license or government identification with photograph.	X
NOTE: Photo copying of any government issued Common Access Card (CAC) is prohibited. (SPII)	
Notarized completed LEOSA Credential application	X
Make electronic payment via PayPal in the amount of \$145 or mail in a cashier's check or money order in the amount of \$140. All processing fees are nonrefundable!	X

APPLICATION PROCESSING INSTRUCTIONS:

- Step 1: Ensure the applicable documents are readily available to upload
- Step 2: Create login and password at: <http://www.leosaonline.com/leosa>
- Step 3: Upload applicable documents when prompted
- Step 4: Make electronic payment via PayPal in the amount of \$145 (includes a \$5.00 PayPal processing fee) or mail in a cashier's check or money order in the amount of \$140 (application processing fee only). **All processing fees are nonrefundable!**
- Step 5: Mail application package to: Defense Consulting Services, LLC
8000 IH 10 W, Suite 600
San Antonio, Texas 78230

DEFENSE CONSULTING SERVICE

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PART 3

PRIVACY ACT STATEMENT

I _____ [printed] authorize release of my personal information to Defense Consulting Services, LLC which is protected under the Privacy Act of 1974.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and I am the person named above (requester) and I understand any falsification of this statement is punishable under the provisions of Title 18, U.S.C. Section 1001 by a fine of not more than \$10,000.00 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of Title 5, U.S.C. Section 552a(i)(3) by a fine of not more than \$5,000.00.

PRINCIPAL PURPOSES(S): To obtain information for the purpose of validating the identity of the applicant and review of criminal history summary for the issuance of a Law Enforcement Officers Safety Act (LEOSA) Credential in accordance with DoDI 5525.12/Implementation of the Amended Law Enforcement Officers Safety Act of 2004, DODI 5525.15/Law Enforcement (LE) Standards and Training in the DoD, and AFMAN 31-125/Security Forces Implementation of The Law Enforcement Officers Safety Act (LEOSA). Your PII and SPII is solicited solely for creating files and updating Department of Defense Information Systems.

Name	Last	First	Middle
Date of Birth	(MM / DD / YYYY) (/ /)		
Residential Address (To Be Used On Credential)	Street Address:		
	City:	State:	Zip Code:
State of Residence			
Social Security Number			
Home Phone	Home: ()		Cell: ()
	Street Address:		
Mailing Address (If Different From Residential Address)	City:	State:	Zip Code:
	DoD Component	USAF-REG AF	USAF-NGB
Email address	USAF-RES		
GOVERNMENT EMAIL ADDRESS PROHIBITED			

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PART 4 – SECTION 1

LEOSA Credentialing Questionnaire

Applicants must answer all the questions below to meet the requirements for a 926B LEOSA Credential.

Question	Yes	No
Are you or have you been under indictment for a crime punishable for a term exceeding one year?		
Are you or have you been a fugitive from justice?		
Are you a user of or addicted to marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?		
Have you been adjudicated mentally defective which includes a determination by a court, board, or other authority that you are a danger to yourself or to others or incompetent to manage your own?		
Have you been committed to a mental institution?		
Are you an undocumented immigrant in the United States?		
Have you ever been discharged from the Armed Forces under dishonorable conditions?		
Have you ever renounced your United States citizenship?		
Are you subject to a court order restraining you from harassing, stalking or threatening an intimate partner of such person or child of such intimate partner of person or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child?		
Have you ever been convicted in any court of a misdemeanor crime of domestic violence?		
Are you or have you been incarcerated in a federal or non-federal institution?		
Are you currently on parole, annual report status, or serving a term of mandatory supervision?		

CERTIFICATION: : I hereby certify that, to the best of my knowledge and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice.

Applicant Signature: _____ Date _____

PART 4 - SECTION 2

Qualified Law Enforcement Officer Questionnaire

Applicants must answer all the questions below to meet the requirements for a 926B LEOSA Credential.

Question	Yes	No
Are you a subject of any disciplinary action by the organization that could result in suspension or loss of police powers?		
Are you prohibited by federal law from receiving a firearm?		

Applicant Signature: _____ Date _____

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PART 4 – SECTION 3

Qualified Law Enforcement Officer Questionnaire

Applicants must answer all the questions below to meet the requirements for a 926B LEOSA Credential.

Question	Yes	No
Do you have statutory powers of arrest or authority to apprehend pursuant to Section 807(b) of Title 10, United States Code (also known as article 7(b) of the Uniform Code of Military Justice)?		
Are you authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law?		
Are you CURRENTLY authorized by the organization to carry a firearm?		
Do you meet the organization’s standards, which require the employee to regularly qualify in the use of a firearm of the same type (e.g., revolver or semiautomatic pistol) as the concealed firearm?		
Are you willing to maintain required photographic governmental agency identification in conjunction with the Qualified Law Enforcement Officer LEOSA Credential?		
Do you understand the term “firearm” does not include—(1) any machinegun (as defined in Section 5845 of the National Firearms Act); (2) any firearm silencer (as defined in Section 921 of this title); and (3) any destructive device (as defined in Section 921 of this title)?		
Do you understand the 926B is no longer valid upon retirement or separation from the DoD Component that authorized the credential?		
Do you understand that if at any time you are under the influence of alcohol or another intoxicating or hallucinatory drug or substance you are not considered a qualified law enforcement officer and cannot carry a concealed weapon under the provisions of the LEOSA?		
Did you read and do you understand Sections 926B of Title 18, United States Code; the incorporation implementation of Section 1089 of Public Law 112-239 for military and civilian law enforcement personnel within the DoD?		
Did you read and do you understand the training requirements for concealed carry in accordance with DoDI 5525.12/ <i>Implementation of the Amended Law Enforcement Officers Safety Act of 2004</i> ?		
Did you read and do you understand the training requirements in accordance with <i>DODI 5525.15/Law Enforcement (LE) Standards and Training in the DoD</i> ?		
Did you read and do you understand individual responsibilities for LEOSA in accordance with DoDI 5525.12/ <i>Implementation of the Amended Law Enforcement Officers Safety Act of 2004</i> and AFMAN 31-125/ <i>Security Forces Implementation of The Law Enforcement Officers Safety Act (LEOSA)</i> ?		
Do you understand the rules and regulations regarding privately owned weapons on government property, installations, buildings, bases, or parks?		
Do you understand the rules and regulations regarding privately owned weapons of the state in which you reside can permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property (such as bars, private clubs, amusement parks, etc.)?		

Applicant Signature: _____ Date _____

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PART 5

Affidavit

Before me, the undersigned notary public, this day, personally, appeared [Affiant full name] _____,
to me known, who being duly sworn according to law, deposes the following: Being first duly sworn or affirm on oath according to
law, deposes and says that [he/she] has read the foregoing AFFIDAVIT OF The Law Enforcement Officer Safety (LEOSA) Credential
Application [full name/object] by [his/her] subscribed, that the matters stated herein are true to the best of [his/her] information,
knowledge and belief.

[Affiant Signature] _____

State of [_____] County of [_____]

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public Signature

Seal:

DEFENSE CONSULTING SERVICE