Florida Wing Firearms Carry Verification and Statement of Understanding

Personal Information				
		SER – FL –		
Name		Unit Charter	Unit Name	
			FL	
Home Address		City	State	ZIP
Contact Phone:	Contact Email:			

Agency Information				
Agency Name			Type of Agency	
			FL	
Agency Address		City	State	ZIP
Date of Hire	Date of Certification	Type of Certification		
Name of Supervisor			Contact Phone for Supervisor	

By initialing the following items, I acknowledge:

_____ I have attached a copy of my true, correct, and current police agency identification materials.

_____ I have attached a copy of my correct and current police agency written policy requiring me to carry a firearm when off duty.

_____ I am authorized by Florida State Statute 790.052 to carry a concealed firearm when off duty.

_____ I have read CAP Regulation 900-3 and the Florida Wing supplement to that regulation, and I understand the requirements and authorizations therein.

_____ I understand that Florida Wing is not authorizing me to carry or use a firearm, and that this document is only for the purpose of meeting Civil Air Patrol's requirement that I have a "written statement of proof" of my requirement to carry a firearm, signed by my wing commander.

_____ I understand and agree that I shall be at all times solely responsible for any liabilities arising from or relating to the carrying or use of such firearm as permitted hereunder.

Applicant	Florida Wing Legal Officer	Florida Wing Commander