

GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL

APPLICATION FOR RETIRED REGISTRATION

TYPE OR PRINT CLEARLY, COMPLETE
ALL SECTIONS AND SIGN APPLICATION

SOCIAL SECURITY NUMBER: _____ RETIREMENT DATE: _____

NAME: _____
Last First Middle

DATE OF BIRTH: _____ RACE: _____ SEX: _____

ADDRESS: _____
Street Apt City State ZIP

RETIRED FROM LAW ENFORCEMENT UNIT: _____
Agency

EMPLOYED: _____
Location From To

EXEMPT REGISTRATION NUMBER: _____ DATE: _____

Supplying false information or acquiescing in false information being supplied on this application is a violation of the Criminal Code of Georgia (Ga. L. 1968. pp. 1249, 1320) and, upon conviction is punishable by a fine of not more than \$1,000 or imprisonment for not less than one (1) nor more than five (5) years, or both.

I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge.

Signature of Applicant

DATE: _____

(SEAL)

Authorized Signature of Retirement Agency

TITLE: _____

DATE: _____

Sworn to and subscribed be for me this _____ day of _____, 19 ____

Notary Public
POST FORM C-23 (retirreg.wp)