



REQUEST FOR CORRECTIONAL OFFICER FIREARM STATE IDENTIFICATION CARD

PLEASE CHECK ONE: CORRECTIONAL OFFICER INMATE RELATIONS COORDINATOR

Pursuant to Tennessee Code Annotated § 39-17-1350(f), I am requesting a State Identification Card certifying that I am authorized to carry a firearm pursuant to Tennessee Code Annotated § 39-17-1350.

The following information is required to process your application:

Full Name: (print) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Sex: _____ Height: _____ Eyes: _____

Telephone: _____

TDOC Work Site: _____

I understand that any card issued to me pursuant to Tenn. Code Ann. § 39-17-1350(f) remains the property of the Secretary of State and must be returned to the Secretary of State within ten (10) days of receipt of notification of revocation.

I certify that the following information provided herein is true and accurate.

Signature: _____

Sworn to and Subscribed before me this

_____ day of _____, 20_____

NOTARY SEAL

(Notary Public)

Commission Expires: _____

Mail To:

Department of State
Division of Publications
312 Rosa L. Parks Avenue
8th Floor - Snodgrass Tower
Nashville, TN 37243

(The Publications Division of the Secretary of State's Office will request approval from the Commissioner of the Department of Correction within two weeks of receipt of the application. Within two weeks of the Secretary of State's Office receiving a response from the Department of Correction, you will be notified of your approval or denial.)