



# 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

(Allow 6 to 8 weeks for delivery)