

RIVERSIDE SHERIFFS' ASSOCIATION
LEGAL DEFENSE TRUST
CCW PLAN PARTICIPATION APPLICATION

LAST FIRST MI

RESIDENCE ADDRESS

CELL PH HOME PH WORK PH

EMAIL#1 EMAIL#2

LAW ENFORCEMENT UNIT DOB: _____ DATE RETIRED: _____

PUBLIC SAFETY UNIT SOCIAL SECURITY# _____ - _____ - _____

AGENCY ISSUING CCW: _____

DATE OF ISSUE: _____

ANNUAL PREMIUM: \$60.00

COVERAGE ANNIVERSARY DATE: JANUARY 1

I have received a copy of the Legal Defense Trust Retiree Self Defense CCW Plan Description; I have read and understand its terms and conditions. I am, and will remain in compliance with all Federal, State and Local laws and regulations that pertain to possession and use of concealed weapons.

Signature _____ Date _____

For Office Use Only:

Accepted and Approved by: _____

Coverage Inception Date: _____ Prorated Premium: _____