



STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

RICK SNYDER  
GOVERNOR

HEIDI E. WASHINGTON  
DIRECTOR

(INSERT DATE)

Employee Name  
Employee Home Address

**RE: Concealed Pistol License (CPL) Information Regarding 2015 PA 206 and 2015 PA 207**

Dear employee (INSERT NAME),

On (INSERT DATE) the (LIST FACILITY) received your request asking for the Department to provide written verification in accordance with 2015 PA 206 and 2015 PA 207.

As of the date of this correspondence:

1. Your Civil Service Classification is: (INSERT CIVIL SERVICE CLASSIFICATION).
2. You have/have not (SELECT ONLY ONE) obtained a Michigan Department of Corrections weapons permit.

Please note that the Michigan Department of Corrections does not opine whether you should or should not be issued a CPL or the condition(s) of the CPL, if any. Those decisions are made by the County Clerk in the county in which the request is made.

Sincerely,

(INSERT NAME OF FACILITY PERSON)  
(INSERT TITLE OF PERSON PROCESSING)  
(INSERT FACILITY WHERE PROCESSED)

C: File

(Rev.1-7-2016)