

2016 Individual Officer/Military (IOP) Program

<u>Individual Officer/Military Program</u> – The purpose of the IOP Program is to offer IWI US, Inc. LE firearms at discounted pricing to current and retired law enforcement/military personnel and first responders for their dedicated service to our country and communities.

Qualifying Individuals

- Current Federal, State and Local law enforcement officers/agents with credentials.
- Retired Federal, State and Local law enforcement officers/agents with retired credentials.
- Current and retired Corrections officers with credentials.
- Active or retired military personnel with credentials this includes National Guard and Reserves.
- Active first responder personnel (Fireman, Paramedics, and EMT's)
- State licensed security companies and security officers

Accepted Official Credentials

- Current law enforcement commission card
- Current retired law enforcement credentials
- Letter on official agency letterhead stating the officer/agent is active or retired from agency
- Copy of official federal agent business card (Law prohibits photocopying of Federal ID)
- For Military personnel Signed document by distributor and qualified purchaser (see attached).

Documentation of the IOP sale, to include model and serial number, will be maintained by the LE Dealer and submitted to the LE Distributor. This includes all photocopies of credentials, federal business cards, original official LE letters, and signed document sales. The LE Distributor may require the LE Dealer to register the IOP sales via the LE Distributors website.

<u>IOP Sales Compliance</u> – Per the LE Distributor Agreement, IWI may conduct compliance checks to insure that sales are made to qualified individuals only. Compliance checks will be random and may request all documentation associated to specific LE serial numbers. Non-compliance with the IOP Program may result in the termination of the LE Distributor Agreement or authorized LE Dealer status.

P. O. Box 126707 Harrisburg, PA 17112 Tel: +1 717 695-2081 Fax: +1 717 412-0873



Individual Officer/Military Program Verification of Identification

l,	certify that	: I am a qualified	
(Print Name of Qualified		•	
individual for the IWI IOP P	rogram. I am enlisted o	r employed by	
(Branch of Military/Agency	and rank)	.	
The IWI US, Inc. LE firearm purchased for resale.	isted below is being pu	rchased for personal	or official use and is not being
Model:			
Serial Number:			
(Qualifying Individual's Sign	ature)	(Date)	
LE Distributor Sales person	verifying Qualifying Ind	ividual's credentials	
(Print Name)	 (Signature)	(Date)

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