



CONCEALED PISTOL LICENSE APPLICATION

To All Applicants:
THIS APPLICATION IS STRICTLY FOR USE WHEN APPLYING WITH
KING COUNTY SHERIFF'S OFFICE EMPLOYEES

Application Type:

☐ Original Concealed Pistol License application ☐ Renewal / Late Renewal

☐ Replacement of license # _____

Name: (Last name, First name, Middle name)

Have you used any other names legally (Maiden name, nickname used officially, legally changed, etc.)?

If yes, please provide below:

If not, initial here - NONE: _____

INITIAL HERE

PRINT LEGIBLY: (AKA) LAST

(AKA) FIRST

(AKA) MIDDLE

PRINT LEGIBLY: (AKA) LAST

(AKA) FIRST

(AKA) MIDDLE

Have you resided within the State of Washington consecutively for the last 90 days?

Yes ☐ No ☐

Physical Address: (where you reside)

Residence

City

State

Zip code

Mailing Address (if different from residence)

City

State

Zip code

Date of Birth: _____
Month/Date/Year

Place of Birth: _____
City & State or Country (if outside U.S.)

Driver's License or State ID Number: _____ State of Issuance: _____

Phone Number: _____ Gender: ☐ Male ☐ Female ☐ X

Height: _____ feet _____ inches Weight: _____ pounds Eye Color: _____ Hair Color: _____

Race: (please check one)

☐ American Indian, Eskimo or Alaska Native

☐ Black

☐ Asian or Pacific Islander

☐ White

Are you a US Citizen?

(If yes, please mark yes (x) then go to next page)

Yes ☐ No ☐

- If not, what is your country of citizenship? _____
- If you are not a US citizen but are temporarily residing in Washington, in order to legally possess a firearm you are required to obtain a valid Alien Firearm License. Do you possess such a license? Yes ☐ No ☐
- If yes, what is your Alien Firearm License number and expiration? _____
Number expiration Month/Day/Year

If you are NOT a US citizen and are here on a VISA, what is your I-94#? _____

If you are NOT a US citizen, are you a Permanent Resident?

Yes ☐ No ☐

- If yes, what is your A# or USCIS#? : _____

Language Assistance:

Free translation and interpretation services are available. To request these services, please inform the staff assisting you.

1. Have you read the FBI Fingerprint Privacy Act Statement provided to you? Yes ☐ No ☐
2. Have you used any other names (AKA, Maiden, Legally Changed, etc.)? If yes, please document on page 1.
**** Please note: Failure to provide this information may cause you to be Permanently Ineligible to Possess a License Per RCW 9.41.070(12)** Yes ☐ No ☐
3. Have you ever been convicted in adult court or adjudicated in a juvenile court, in this state or elsewhere of any of the crimes listed on the Information Sheet? (refer to pages 1 & 2 of this application packet) Yes ☐ No ☐
4. Are you now on bond or personal recognizance pending trial, appeal or sentence for any serious offenses as defined in RCW 9.41.010 or for any felony crime where the judge can imprison you for more than one year? Yes ☐ No ☐
5. Are you the subject of an outstanding arrest warrant from any court for any crime? Yes ☐ No ☐
6. Have you been convicted of three or more violations of Washington's firearms laws within any five-year period? Yes ☐ No ☐
7. Are you an unlawful user of, or addicted to marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance? Yes ☐ No ☐
8. Have you had a firearm forfeited within the past year for a drug or alcohol incident pursuant to RCW 9.41.098(1)(e)? Yes ☐ No ☐
9. Are you under a court order or an injunction concerning the possession of a firearm? Yes ☐ No ☐
10. Is your concealed pistol license, if any, in revoked status? Yes ☐ No ☐
11. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution? Yes ☐ No ☐
12. Have you been discharged from the Armed Forces under dishonorable conditions? Yes ☐ No ☐
13. Are you the subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner (current or previous relationship)? Yes ☐ No ☐
14. Have you been convicted in any court of a misdemeanor crime involving domestic violence? Yes ☐ No ☐
15. Have you ever renounced your United States citizenship? Yes ☐ No ☐
16. Are you an alien illegally in the United States? Yes ☐ No ☐

If you answered yes to any of the questions (numbered 3-16), but still believe you are eligible for a license, please provide any applicable State Pardons, Orders of Restoration of Firearm Rights per RCW 9.41.040(4), or any court documents that will clearly define your eligibility prior to submittal of this application.

Signing this application authorizes the Department of Social and Health Services, as well as mental-health institutions and other health-care facilities, to release information relevant to your eligibility for a Concealed Pistol License to an inquiring court or law enforcement agency.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date

X

Applicant's signature

KING COUNTY SHERIFF'S OFFICE USE ONLY

Initials & PeopleSoft ID# Required: _____ Date of Query: _____

OMNIXX MASTER QUERY (circle one): NO RECORDS RECORDS FOUND (document below)

WA STATE ID#: _____ OTHER STATE ID#: _____
Initials Required: _____ Initials Required: _____

FBI#: _____ JCN#: _____
Initials Required: _____ Initials Required: _____

WARRANT and/or PROTECTION (circle one): NONE YES (print out copy of response & attach)

DOL Firearms: NO RECORD
CPL LICENSE # EXPIRATION ISSUING AGENCY

Driver's License Status: _____ Social Security #: _____

NTN#: _____ IAQ RESULTS (print out results): _____
NTN# Initials/Date RESULTS Initials/Date

Fingerprint Results (circle one): _____ CLEAR NO PROHIBITOR PROHIBITOR
DATE & INITIALS

HCA Results (circle one): _____ CLEAR PROHIBITOR
DATE RECEIVED Initials/Date

DISTRICT/MUNICIPAL COURT RESULTS (JABS):

SUPERIOR COURT RESULTS (adult and/or juvenile) (JABS & JIMS):

Approved ☐

Denied ☐

Initials, PeopleSoft ID# (or stamp)

Date