



## 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
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Mailing Address (if different from residence)	City	State	Zip code
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Date of Birth: _____	Place of Birth: _____	City & State or Country (if outside U.S.)
Month/Date/Year		

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#? : \_\_\_\_\_

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. Yes  No   
**\*\* Please note: Failure to provide this information may cause you to be Permanently Ineligible to Possess a License Per RCW 9.41.070(12)**

3. Have you ever been convicted in any adult or juvenile court, in this state or elsewhere, of a crime that may cause you to be ineligible to possess any firearm or firearm license? 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. 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

8. Are you under a court order or an injunction concerning the possession of a firearm? Yes  No

9. Is your concealed pistol license, if any, in revoked status? Yes  No

10. 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

11. Have you been discharged from the Armed Forces under dishonorable conditions? Yes  No

12. 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

13. Have you been convicted in any court of a misdemeanor crime involving domestic violence? Yes  No

14. Have you ever renounced your United States citizenship? Yes  No

15. Are you an alien illegally in the United States? Yes  No

If you answered yes to any of the questions (numbered 3-15), 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.***

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_____ Date	<b>X</b> _____ Applicant's signature
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**Language Assistance:**

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

# KING COUNTY SHERIFF'S OFFICE USE ONLY

Initials & PeopleSoft#: \_\_\_\_\_ Date of Query: \_\_\_\_\_

QUERY RESULTS (*circle one*): NO RECORDS

RECORDS FOUND (*documented below*)

WA STATE ID#: \_\_\_\_\_

FBI#: \_\_\_\_\_

OTHER STATE ID#: \_\_\_\_\_

OTHER STATE ID#: \_\_\_\_\_

OTHER STATE ID#: \_\_\_\_\_

JCN ID#: \_\_\_\_\_

ACTIVE WARRANT(*circle one*): NONE

YES (*print out response & attach*)

ACTIVE PROTECTION ORDER (*circle one*): NONE

YES (*print out response & attach*)

DOL FIREARMS: NO RECORD

CPL LICENSE#	EXPIRATION DATE	ISSUING AGENCY
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AFL LICENSE#	EXPIRATION DATE	ISSUING AGENCY
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DRIVER'S LICENSE STATUS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

IAQ RESULTS (*print out response & attach*): \_\_\_\_\_

NTN#: \_\_\_\_\_ DATE OF QUERY

Fingerprint Results (*circle one*): \_\_\_\_\_  
Date of Response

CLEAR NO PROHIBITOR

PROHIBITOR

HCA Results (*circle one*): \_\_\_\_\_  
Date of Response

CLEAR

PROHIBITOR

JABS:

JIMS:

Approved ( ) Denied ( )

Initials, PeopleSoft# (or stamp)

Date Completed