



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

**Application Type:**

Original Alien Firearm License application

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:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
Month/Date/Year Province/Country

**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)  Black  Asian or Pacific Islander  White

**What is your I-94#?** \_\_\_\_\_

**Passport number:** \_\_\_\_\_ **VISA#:** \_\_\_\_\_

**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. 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 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 the questions (numbered 3-15), but still believe you are eligible for a license, please provide any applicable 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 an Alien Firearm License to any 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**

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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

AFL LICENSE # EXPIRATION ISSUING AGENCY

Driver's License Status: \_\_\_\_\_ Social Security #: \_\_\_\_\_

IAQ RESULTS (print out results): \_\_\_\_\_  
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