



**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.  
**\*\* 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 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**

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
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\_\_\_\_\_

AFL LICENSE #	EXPIRATION	ISSUING AGENCY
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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