



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

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 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 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

**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#: \_\_\_\_\_

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

\_\_\_\_\_  
AFL LICENSE#      EXPIRATION DATE      ISSUING AGENCY

DRIVER'S LICENSE STATUS: \_\_\_\_\_

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

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

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