

Have you been a resident of Washington State for the last consecutive 90 days?

Yes No

Are you a US Citizen?

(If yes, please mark yes (x) then go to Question #1)

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
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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.
**** 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 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

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