

City Limits

Complete App

Copy of DL

Cash / Check # _____

PMT amount \$ _____

Receipt

Only accept Original Apps/Pmt. on Wednesday from 1-4 PM

Dispatch Initials _____



Concealed Pistol License Application

| Office use only | |
|-----------------|-------|
| ID number | _____ |
| SID number | _____ |
| FBI number | _____ |
| CPL number | _____ |

PRINT or TYPE all information

| | | | | |
|--|---|--|--|--|
| Application type | \$49.25 | \$32 (up to 90 days until exp.) | \$42 (up to 90 days expired) | \$10 |
| <input type="checkbox"/> Original application | <input type="checkbox"/> Renewal of license | <input type="checkbox"/> Late renewal of license | <input type="checkbox"/> Replacement license | |
| Name (Last, First, Middle) | | CPL number, if applicable | | Expiration date |
| Other names by which you have been known (for example: maiden name) | | Driver license number | | State |
| Physical address — required | | City | State | ZIP code |
| Mailing address (if different) | | City | State | ZIP code |
| Date of birth | Birthplace (City, State/Province, Country) | | (Area code) Telephone number (optional) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Height ___ feet ___ inches | Weight _____ pounds | Eyes (color) | Hair color | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race (Check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | | | |
| Email address for concealed pistol license renewal (optional) | | | | |
| List type and location of all marks, scars, and tattoos | | | | |
| Residency | | | | |
| 1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter country of citizenship _____ | | | | |
| 2. Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your permanent resident card number _____ | | | | |
| 3. Are you a legal alien temporarily residing in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your alien registration/I-94 number _____ and; Enter your alien firearms license number: _____ Expiration date: _____ | | | | |
| Answer the following | | | | |
| 1. Have you ever been convicted in adult court or adjudicated in a juvenile court of a felony, or of the following crimes when committed by one family or household member against another, on or after July 1, 1993: assault in the fourth degree, coercion, stalking, reckless endangerment, criminal trespass in the first degree, or violation of the provision of a protection order or no-contact order restraining the person or excluding the person from a residence? .. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2. Are you now on bond or personal recognizance pending trial, appeal or sentence for any serious offense as defined in RCW 9.41.010 or for a felony for any crime where the judge can imprison you for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 3. Have you been convicted of 3 or more violations of Washington's firearms laws within any 5-year period? ... <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 4. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 5. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 6. Have you been discharged from the Armed Forces under dishonorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 7. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 8. Have you been convicted in any court of a misdemeanor crime of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 9. Have you ever renounced your United States citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 10. Are you an alien illegally in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

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 and place

X
Applicant signature

What do I need to apply for a concealed pistol license?

- Bring a photo ID such as a valid state driver license or ID card.
- Bring your permanent resident card if you are a permanent resident alien.
- If you have an alien firearms license, bring your original passport and United States issued alien number or admission number.
- Bring your original certificate of rehabilitation or firearms restoration orders, if applicable.

How much does it cost for a concealed pistol license?

- Original license [REDACTED] \$ 49.25
- Renewal license – \$32
- Late renewal license – \$42
- Replacement license – \$10

Plus background check fees. All fees are non-refundable.

Do I need to get a fingerprint or background check?

- Yes. The law enforcement agency will take your fingerprints and conduct a background check before they issue an original CPL.
- The background check process will usually be completed within 30 days from the date you apply.
- If you do not have a valid Washington driver license or Washington state identification card or have not been a resident of Washington state for the prior 90 consecutive days, then the process may take up to 60 days.

Are there any other requirements?

Yes. Your application can be denied if:

- You have a concealed pistol license in a revoked status
- You are under 21 years of age
- You are subject to a court order or injunction concerning the possession of firearms
- You are free on bond or personal recognizance pending trial, appeal, or sentencing for a felony offense
- You have an outstanding warrant for your arrest from any court of competent jurisdiction for a felony or misdemeanor
- You have been ordered to forfeit a firearm within one year before filing a concealed pistol license application

Who do I contact if I have any questions?

- Contact your local law enforcement agency or county sheriff's office.

CAUTION: Although state and local laws do not differ, federal law and state law on the possession of firearms differ. If you are prohibited by federal law from possessing a firearm, you may be prosecuted in federal court. A state license is not a defense to federal prosecution.

Local law enforcement use only

| Database | Date | Checked by _____ |
|---|-------|------------------|
| <input type="checkbox"/> NICS | _____ | _____ |
| <input type="checkbox"/> WACIC/NCIC | _____ | _____ |
| <input type="checkbox"/> Warrant file | _____ | _____ |
| <input type="checkbox"/> DOL firearms file | _____ | _____ |
| <input type="checkbox"/> DSHS | _____ | _____ |
| <input type="checkbox"/> Local check | _____ | _____ |
| <input type="checkbox"/> Fingerprints (original application only) | _____ | _____ |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied By _____ | | Date _____ |

FEDERAL BUREAU OF INVESTIGATION

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Public Law 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604, and Executive Orders 10450 and 12968. Providing the requested information is voluntary, however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain fingerprints and other submitted information for other authorized purposes of such agency (ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including routine uses for the FBI fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application/investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Signature _____ Date: _____