



Concealed Pistol License Application

You can use this form to apply for a concealed pistol license. To submit your application, you must:

- Must be at least 21 years of age,
- Take any of the following items to your local law enforcement agency:
 - A photo ID such as a valid state driver's license or state ID card
 - Your Permanent Resident card, if you are a permanent resident alien
 - Proof of 90 day consecutive days of residency in Washington State
- Pay the non-refundable \$48.00 fee in cash or check or money order made payable to the law enforcement agency
- Allow law enforcement to conduct a background check by signing and submitting your application when you are asked to do so. The background check will usually be completed within 30 days from the date you apply
- Get fingerprinted by your law enforcement agency

Notice

State law makes it unlawful for you to possess and purchase a firearm or concealed pistol license if you have been convicted in any court for domestic violence on or after July 1, 1993.

Domestic violence assault conviction

Conviction date	Is possession of a firearm allowed?	Is possession of a concealed pistol license allowed?
Prior to July 1, 1993 felony conviction	NO	NO
Prior to July 1, 1993 non-felony conviction	YES	YES
After July 1, 1993 felony conviction	NO	NO
After July 1, 1993 non-felony conviction	NO	NO

A person is not considered conviction if he or she has received a pardon or has had his or her firearm rights restored by the appropriate court. This does not include certificates of rehabilitation issued by Washington courts.

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

The application fees for a concealed pistol license are non-refundable. If you are not sure you are eligible to possess a firearm, we encourage you to contact an attorney before submitting an application for a concealed pistol license.

I have read and fully understand this notice.

X _____
Signature Date

Concealed Pistol License Application

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

Application type
 Original application Renewal of license Late renewal of license Replacement license

PRINT or TYPE Concealed pistol license number (if applicable) _____ Expiration date _____

Name (Last, First, Middle) _____

Other names by which you have been known (for example: maiden name) _____

Physical address — required _____ City _____ State _____ ZIP code _____

Mailing address (if different) _____ City _____ State _____ ZIP code _____

Date of birth _____ Birthplace _____ (Area code) Telephone number— optional _____

Gender
 Male Female

Height _____ feet _____ inches Weight _____ pounds Eyes (color) _____ Hair _____

Ethnicity
 Hispanic or Latino Not Hispanic or Latino

Race (Check one or more boxes)
 American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or Other Pacific Islander

List **type and location** of all marks, scars, and tattoos _____

Driver license/Identification number _____ State _____

Have you been a resident of Washington State for the last consecutive 90 days? Yes No

Are you a U.S. citizen? Yes No

If no, enter country of citizenship _____

If you are not a U.S. citizen temporarily residing in Washington, in order to legally possess a firearm you are required to obtain the two-year alien firearms license. Do you possess such a license? Yes No

If yes, enter alien firearms license number and expiration date _____

Alien registration/I-94 number _____

Are you a permanent resident alien? Yes No

If yes, enter your permanent resident card number _____

1. Have you ever been convicted in adult court or adjudicated in a juvenile court, in this state or elsewhere of one of the prohibitive crimes on page 3 of this form? Yes 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? Yes No
3. Are you the subject of an outstanding arrest warrant from any court for any crime? Yes No
4. Have you been convicted of three or more violations of Washington's firearms laws within any five-year period? Yes No
5. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? Yes No
6. 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
7. Are you under a court order or an injunction concerning the possession of a firearm? Yes No
8. Is your concealed pistol license, if any, in a revoked status? Yes No
9. 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
10. Have you been discharged from the Armed Forces under dishonorable conditions? Yes No
11. 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? Yes No
12. Have you been convicted in any court of a misdemeanor crime of domestic violence? Yes No
13. Have you ever renounced your United States citizenship? Yes No
14. Are you an alien illegally in the United States? Yes No

If you answered yes to any of the numbered questions above, but still believe you are eligible for a license, attach a list of dates and circumstances including copies of any applicable pardons, certificates of rehabilitation, or court orders.

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.

_____ **X** _____
Date and place Applicant signature

Prohibitive crimes

Local laws and ordinances on firearms are preempted by state laws and must be consistent with state law. 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 possession of a firearm, you may be prosecuted in federal court. A state license is not a defense to a federal prosecution.

Washington State prohibitive crimes

- Conviction or adjudication for any felony offense in this state or elsewhere. "Felony" means any felony offense under the laws of this state or any federal or out-of-state offence comparable to a felony offense under the laws of this state.
- Any of the following crimes when committed by one family or household member against another, committed on or after July 1, 1993:
 - Assault in the fourth degree
 - Coercion
 - Stalking
 - Reckless endangerment
 - Criminal trespass in the first degree
 - Violation of the provisions of a protection order or no-contact order restraining the person or excluding the person from a residence

Federal law prohibits the following person from receiving a concealed pistol license and/or a firearm:

- anyone who is an unlawful user of, or is addicted to, narcotics or other controlled substances
- anyone who is of unsound mind, is adjudicated as mentally defective, or who has been committed to a mental institution
- anyone who has been dishonorably discharged from the Armed Forces
- anyone who is an alien and is in the U.S. illegally or unlawfully
- anyone who has renounced his or her U.S. citizenship
- anyone convicted of, or under indictment/information for, a felony crime punishable by imprisonment for a term that is longer than one year, if the law of the state of conviction bars possession of a firearm
- anyone who is a fugitive from justice

Local law enforcement use only		
Database	Date	Checked by _____
<input type="checkbox"/> NICS	_____	_____
<input type="checkbox"/> WASIS/NCIC III	_____	_____
<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"/> Approved <input type="checkbox"/> Denied	By _____	Date _____