

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 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 \$49.25 fee in cash or check or money order made payable to your 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 convicted if he or she has received a pardon or has had his or her firearms 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 <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, County) | | (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 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 ever 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 healthcare 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

RECEIPT #

Amt. Paid
\$ _____

Date / Initial

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 - \$36
- 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 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 <u>(original application only)</u> | _____ | _____ |
| <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Denied</i> | | By _____ Date _____ |