

## Concealed Pistol License Application

**PRINT or TYPE all information**

| Office use only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |              |                                         |                                                                                                          |                                                                         |
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| Application type<br><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<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Height<br>___ feet ___ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Weight<br>_____ pounds                     | Eyes (color) | Hair color                              | Ethnicity<br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |                                                                         |
| Race (Check all that apply)<br><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 <b>type and location</b> of all marks, scars, and tattoos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |              |                                         |                                                                                                          |                                                                         |
| Residency<br>1. Are you a U.S. citizen? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, enter country of citizenship _____<br>2. Are you a permanent resident alien? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, enter your permanent resident card number _____<br>3. Are you a legal alien temporarily residing in Washington? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, enter your alien registration/I-94 number _____ and;<br>Enter your alien firearms license number: _____ Expiration date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |              |                                         |                                                                                                          |                                                                         |
| Answer the following<br>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<br>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<br>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<br>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<br>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<br>6. Have you been discharged from the Armed Forces under dishonorable conditions? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>8. Have you been convicted in any court of a misdemeanor crime of domestic violence? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>9. Have you ever renounced your United States citizenship? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.*

|                |          |                     |
|----------------|----------|---------------------|
|                | <b>X</b> |                     |
| Date and place |          | 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 – \$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 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 _____ |       |            |