STATE OF WASHINGTON
CONCEALED PISTOL LICENSE APPLICATION

OFFICE USE ONLY
IDENTIFICATION NO. _____
SID NO. _____
FBI NO. _____
CPL NO. _____

☐ **Original Application** ☐ **Renewal of License** ☐ **Late Renewal of License** ☐ **Replacement License**

CPL License No. _____ Exp. Date _____

Last Name _____ First _____ Middle _____

List any other names by which you have been known *(e.g.,Maiden Name)* _____

Residence Address _____ City _____ State _____ Zip _____

Telephone No. (___) _____ *Optional* Date of Birth _____ Birthplace _____

GENDER	RACE	HEIGHT	WEIGHT	EYES			HAIR		
☐ Male	**W** – White; **B** – Black; **U** – Unknown	_____ Feet		Amber	Black	Blue	Bald	Black	Blonde
	A – Asian/Pacific Islander		_____	Brown	Gray	Green	Brown	Gray	Red
☐ Female	**I** – American Indian/Alaskan Native	_____ Inches	Lbs.	Hazel	Multi	Pink	Silver	White	

Driver's License/Identification No. _____ State _____

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

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

_____

Are you a U.S. citizen? ☐ Yes ☐ No

NOTE: If you are not a U.S. citizen, you are required by law *(RCW9.41.170)* to obtain an Alien Firearms License from the Department of Licensing allowing you to possess a firearm. If applicable, do you possess such a license? ☐ No ☐ Yes

If yes, enter your Alien Firearms License No. _____ Exp. Date _____ Alien Registration/I-94 No. _____

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 described on page 2 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? ☐ 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. 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
6. Are you under a court order or an injunction concerning the possession of a firearm? ☐ Yes ☐ No
7. Is your concealed pistol license, if any, in a revoked status? ☐ Yes ☐ No
8. Have you ever been confined in a mental health facility for more than fourteen days for treatment, or committed as criminally insane? ☐ Yes ☐ No

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

Note: A signed application for a concealed pistol license shall constitute a waiver of confidentiality and written request that the Department of Social and Health Services, as well as mental health institutions and other health care facilities, release information relevant to the applicant's eligibility for a concealed pistol license to an inquiring court or law enforcement agency.

I certify, or declare under penalty of perjury under the laws of the state of Washington, that the foregoing is true and accurate.

X _____ _____
APPLICANT'S SIGNATURE DATE

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-6616 or TTY (360) 664-8885.