SHERIFF
KING COUNTY
Mitzi Johanknecht, Sheriff

Concealed Pistol License Application
INFORMATION SHEET

Requirements of each applicant: (regardless if applying for an original, renewal, or replacement license)

- Must be at least 21 years old
- Must complete this application in its entirety
- Must provide the following items at time of application submittal:

  - Valid state driver's license or state ID (any state) **passports will not be accepted in lieu of the state ID or license
  - If you are a **Permanent Resident** you must also provide your ORIGINAL current/valid Permanent Resident Card
  - If you are an **Immigrant Alien** you must also provide the following ORIGINAL documents: your valid Passport, State Hunting License (any state) or Valid Gun Club Membership, the print out of your current I-94, and your valid Alien Firearm License
  - Payment in the form of cash (cash can only be accepted at our downtown location at the King County Courthouse), personal check or money order made payable to King County Sheriff's Office or KCSO

Fees are as follows: Original Application: $49.25 (includes license fee **plus** both Washington State & FBI fingerprint fees)
Renewal (license is still valid and not expired): $32.00
Late Renewal (past expiration date but not beyond 90 days expired): $42.00
Replacement: $10.00

****All fees are non-refundable****

Eligibility: Before submitting your application, please review the following information regarding license and firearm eligibility.

If you have had any of the following as an adult or a juvenile, you may be ineligible:

	Is possession of any firearm allowed?	**Is possession of a concealed pistol license allowed?**
ANY FELONY conviction Without VALID Order of Restoration of Firearm Rights per RCW 9.41.040(4) (if applicable)	**NO**	**NO**
Any MISDEMEANOR Crime involving Domestic Violence on or after July 1, 1993 meeting the RCW 26.50.010 and/or RCW 10.99.020 definitions Without VALID Order of Restoration of Firearm Rights per RCW 9.41.040(4) (if applicable)	**NO** **** further research may be required by staff to confirm eligibility ****	**NO** **** further research may be required by staff to confirm eligibility ****
Any OUT OF STATE Felony Conviction Without VALID Order of Restoration of Firearm Rights FROM THAT STATE (if applicable)	**NO**	**NO**
Any OUT OF STATE Non-Felony Conviction	**RESEARCH MAY BE REQUIRED**	**RESEARCH MAY BE REQUIRED**

**** FOR ADDITIONAL INFORMATION, PLEASE REVIEW INFORMATION ON BACK SIDE OF THIS PAGE ****

A person is eligible to possess if he or she has received a Governor Pardon from the state of record, **or** a Presidential Pardon **or** has had his or her firearm rights restored specifically for that crime (or crimes) by the appropriate court per RCW 9.41.040(4) **or** the equivalent according to the state in which the prohibitor exists. Certificates of Rehabilitation issued by Washington courts per RCW 9.41.040(3) do not restore firearm rights. The restoration must be made under RCW 9.41.040(4).

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 in regard to 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.

Washington State Prohibitive Crimes/Convictions:

- Convictions or adjudications for any felony offense in this state or elsewhere. Felony means any felony offense under the laws of this state or of any federal or out-of-state offense that is comparable to a felony offense under the laws of Washington

- Prohibitive crimes "Dismissed" after a guilty plea, or a guilty verdict, or a Deferred Sentence, or a Deferred Disposition, and/or Suspended Imposition of Sentence may still be prohibitive

- An Order to Vacate a Conviction does NOT automatically reinstate firearm rights. Rights must be restored per RCW 9.41.040(4) or per the state law in which the conviction occurred

- Crimes involving Domestic Violence that occurred on or after July 1, 1993 are prohibitive when they meet the definition cited within RCW 26.50.010 and/or RCW 10.99.020
  These include:
  - 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 that restrains or excludes the person from a residence
  - Harassment **(only if occurred on or after 06/07/2018)**

Federal law prohibits the following person from receiving a concealed pistol license or a firearm of any kind:

- Anyone who is an unlawful user of, or is addicted to, narcotics or other controlled substances (**please note: Although the use of marijuana and the possession of marijuana as less than 40 grams is legal in the state of Washington, possession, admission of use, or being under the influence of marijuana when contacted by a law enforcement officer will cause you to be federally prohibited for at least 1 (one) year from date of contact)
- Anyone who is of unsound mind, is adjudicated as mentally defective, or who has been involuntarily committed to a mental institution (per state and/or federal statutes)
- 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
- Anyone that is a fugitive from justice

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CONCEALED PISTOL LICENSE APPLICATION

To All Applicants:
THIS APPLICATION IS STRICTLY FOR USE WHEN APPLYING WITH KING COUNTY SHERIFF'S OFFICE EMPLOYEES

Application Type:

( ) **Original application** ( ) **Renewal / Late Renewal / Replacement of license #** _____

PRINT or TYPE Concealed Pistol License Number

Name: (Last name, First name, Middle name)

_____

Any other names by which you have been known: (Maiden name, nickname used officially, etc.)?: **NONE:** _____

INITIAL HERE

_____

PRINT LEGIBILY: **(AKA) LAST** **(AKA) FIRST** **(AKA) MIDDLE**

_____

PRINT LEGIBLY: **(AKA) LAST** **(AKA) FIRST** **(AKA) MIDDLE**

Physical Address: (where you reside)

_____

Residence **City** **State** **Zip code**

_____

Mailing Address (if different from residence) **City** **State** **Zip code**

Date of Birth: _____ **Place of Birth:** _____

Driver's License or State ID Number: _____ **State of Issuance:** _____

Phone Number: _____ **Gender: ( ) Male ( ) Female**

Height: _____ feet _____ inches **Weight:** _____ pounds **Eye Color:** _____ **Hair Color:** _____

Race: (please check one) ( ) American Indian, Eskimo or Alaska Native ( ) Black
( ) Asian or Pacific Islander ( ) White

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

Are you a US Citizen? **(If yes, please mark yes (x) then go to next page)** ( ) Yes ( )No

- If not, what is your country of citizenship? _____
- If you are not a US citizen but are temporarily residing in Washington, in order to legally possess a firearm you are required to obtain a valid Alien Firearm License. Do you possess such a license? ( ) Yes ( ) No
  - If yes, what is your Alien Firearm License number and expiration? _____
    Number expiration Month/Day/Year

If you are NOT a US citizen and are here on a VISA, what is your I-94#? _____

If you are NOT a US citizen, are you a Permanent Resident? ( ) Yes ( ) No

- If yes, what is your A# or USCIS#? : _____

1. Have you read or reviewed the Information FAQ Sheet included with this application (pages 1 & 2)? ( ) Yes ( ) No
2. Have you used any other names (AKA, Maiden, Legally Changed, etc.)? If yes, please document on page 1. ( ) Yes ( ) No
3. Have you ever been convicted in adult court or adjudicated in a juvenile court, in this state or elsewhere of any of the crimes listed on the Information Sheet? (refer to pages 1 & 2 of this application packet) ( ) Yes ( ) No
4. Are you now on bond or personal recognizance pending trial, appeal or sentence for any serious offenses as defined in RCW 9.41.010 or for any felony crime where the judge can imprison you for more than one year? ( ) Yes ( ) No
5. Are you the subject of an outstanding arrest warrant from any court for any crime? ( ) Yes ( ) No
6. Have you been convicted of three or more violations of Washington's firearms laws within any five-year period? ( ) Yes ( ) No
7. Are you an unlawful user of, or addicted to marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance? ( ) Yes ( ) No
8. 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
9. Are you under a court order or an injunction concerning the possession of a firearm? ( ) Yes ( ) No
10. Is your concealed pistol license, if any, in revoked status? ( ) Yes ( ) No
11. 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
12. Have you been discharged from the Armed Forces under dishonorable conditions? ( ) Yes ( ) No
13. Are you the subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner (current or previous relationship)? ( ) Yes ( ) No
14. Have you been convicted in any court of a misdemeanor crime involving domestic violence? ( ) Yes ( ) No
15. Have you ever renounced your United States citizenship? ( ) Yes ( ) No
16. Are you an alien illegally in the United States? ( ) Yes ( ) No

If you answered yes to any of the questions (numbered 3-16), but still believe you are eligible for a license, please provide any applicable pardons, Orders of Restoration of Firearm Rights per RCW 9.41.040(4), or any court documents that will clearly define your eligibility.

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 Applicant's signature

KING COUNTY SHERIFF'S OFFICE USE ONLY

Initials & PeopleSoft ID# Required: _____ **Date of Query:** _____

ACCESS QUERY – USING XKMS (circle one): **NO RECORDS** **RECORDS FOUND (document below)**

WA STATE ID#: _____ **OTHER STATE ID#:** _____

Initials Required: _____ **Initials Required:** _____

FBI#: _____ **CCN#:** _____

Initials Required: _____ **Initials Required:** _____

DOC#: _____ **JCN#:** _____

Initials Required: _____ **Initials Required:** _____

WARRANT and/or PROTECTION (circle one): **NONE** **YES (print out copy of response & attach)**

DOL Firearms: NO RECORD _____

LICENSE # **EXPIRATION** **ISSUING AGENCY**

Driver's License Status: _____ **Social Security #:** _____

NTN#: _____ **IAQ RESULTS (print out results:** _____

NTN# **Initials/Date** **RESULTS** **Initials/Date**

Fingerprint Results (circle one): _____ **CLEAR** **NO PROHIBITOR** **PROHIBITOR**

DATE & INITIALS

DSHS Results (circle one): _____ **CLEAR** **PROHIBITOR**

DATE RECEIVED **DATE DOCUMENTED & INITIALS**

DISTRICT/MUNICIPAL COURT RESULTS:

SUPERIOR COURT RESULTS (adult and/or juvenile):

( ) APPROVED **( ) DENIED** _____ _____

Initials, PeopleSoft ID# (or stamp) **Date**