Requirements of each applicant:

- 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
  - Original Washington State Business License for dealership
  - Original Federal Firearm License
  - Payment in the form of personal check, business check, or money order made payable to: Washington State Treasurer

Fees are as follows: Original Application: $125.00 **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 to possess:

<table>
<thead>
<tr>
<th></th>
<th>Is possession of any firearm allowed?</th>
<th>Is possession of a concealed pistol license allowed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY FELONY conviction</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Without VALID Order of Restoration of Firearm Rights per RCW 9.41.040(4) (if applicable)</td>
<td></td>
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<tr>
<td>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)</td>
<td>NO</td>
<td>NO ** further research may be required by staff to confirm eligibility **</td>
</tr>
<tr>
<td>Any OUT OF STATE Felony Conviction Without VALID Order of Restoration of Firearm Rights FROM THAT STATE (if applicable)</td>
<td>NO</td>
<td>NO ** further research may be required by staff to confirm eligibility **</td>
</tr>
<tr>
<td>Any OUT OF STATE Non-Felony Conviction</td>
<td>RESEARCH MAY BE REQUIRED</td>
<td>RESEARCH MAY BE REQUIRED</td>
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</tbody>
</table>

** FOR MORE 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

**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
I intend to deal in:  (please check ALL that apply)

(  ) Pistols     (  ) Firearms other than pistols    (  ) Ammunition

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

Any other names by which you have been known: (Maiden name, nickname used officially, etc.):

Physical Address: (where you reside) - required information

<table>
<thead>
<tr>
<th>Residence</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>County</th>
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</thead>
</table>

Date of Birth: ___________________________ Place of Birth: ___________________________

Month /Date/Year  City & State or Country (if outside U.S.)

Gender: (  ) Male   (  ) Female  Height: ______feet _______inches  Weight: ________________pounds

Eye Color: _______________  Hair Color: _______________  Phone Number: ____________________________

Email Address: ____________________________

Ethnicity: (  ) Hispanic or Latino  (  ) Not Hispanic or Latino

Race: (please check one) (  ) American Indian or Alaska Native  (  ) Asian  (  ) Black or African American

(  ) Native Hawaiian or Other Pacific Islander  (  ) White

Driver’s License or State ID Number: ___________________________  State of Issuance: ___________

Name of Firearm Dealer Company/Corporation/Owner Agent: (Last name, First name, Middle name)

Physical Address of Business Location:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip code</th>
<th>County</th>
</tr>
</thead>
</table>

Business Phone Number: ___________________________  Washington UBI number: ___________________________

Federal Firearm Dealer Number: ___________________________  Expiration Date: ___________

Business Email Address: ____________________________
Have you been a resident of Washington State for the last consecutive 90 days? ( ) Yes ( ) No

Are you a US Citizen? ( ) 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?: ____________________

What is your I-94#: ________________________________

Are you a Permanent Resident? ( ) Yes ( ) No

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

1. 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 front page of this application packet) ( ) Yes ( ) No

2. 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

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 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 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

12. Have you been convicted in any court of a misdemeanor crime involving 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

15. Have you read or reviewed the Information Sheet included with this application (pages 1 & 2)? ( ) Yes ( ) No

If you answered yes to any of the questions (numbered 1-14), 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 of 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

Local law enforcement use only

Fingerprint Results: __________________________________________

Local queries completed by: ____________________________________ Date: __________

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<tr>
<th>Database</th>
<th>Date</th>
<th>Notes</th>
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<tbody>
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<td>( ) WACIC/NCIC</td>
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<td>( ) DSHS</td>
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<td>( ) Local Check</td>
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<td>CCN  DOL STATUS  Social Security #</td>
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</tbody>
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( ) Approved  ( ) Denied  By: ________________________________ Date: ________________________________

District: __________________________________________

Superior – Juv: __________________________________________