Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Concealed Pistol License Application

Office use only
Date:_____
Receipt#_____
CPL number _____

PRINT or TYPE all information.

Application type
☐ Original application ☐ Renewal of license ☐ Late renewal of license ☐ 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 ☐ Male ☐ Female

Height ___ feet ___ inches	Weight _____ pounds	Eyes (color)	Hair color	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Check all that apply)
☐ Black or African American ☐ American Indian or Alaska Native ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

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

Residency

1. Are you a U.S. citizen? . . . . . ☐ Yes ☐ No
   If no, enter country of citizenship _____
2. Are you a permanent resident alien? . . . . . ☐ Yes ☐ No
   If yes, enter your permanent resident card number _____
3. Are you a legal alien temporarily residing in Washington? . . . . . ☐ Yes ☐ No
   If yes, enter your 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 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?. . . . . ☐ 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 or for a felony for any crime where the judge can imprison you for more than one year? . . . . . ☐ Yes ☐ No
3. Have you been convicted of 3 or more violations of Washington's firearms laws within any 5-year period? . . . ☐ Yes ☐ No
4. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? . . . . . ☐ Yes ☐ 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? . . . . . ☐ Yes ☐ No
6. Have you been discharged from the Armed Forces under dishonorable conditions? . . . . . ☐ Yes ☐ 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?. . . . . ☐ Yes ☐ No
8. Have you been convicted in any court of a misdemeanor crime of domestic violence? . . . . . ☐ Yes ☐ No
9. Have you ever renounced your United States citizenship? . . . . . ☐ Yes ☐ No
10. Are you an alien illegally in the United States? . . . . . ☐ Yes ☐ 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.

_____ Date and place signed

X _____ Applicant signs here
Applicant signature

WASHINGTON STATE DEPARTMENT OF
LICENSING

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 to apply?

- The non-refundable fee is $48.00 an can be paid by cash, check, or money order payable to the law enforcement agency where you are getting your license.

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

Checked by _____

Database	Date	
☐ NICS	_____	_____
☐ WASIS/NCIC III	_____	_____
☐ WACIC/NCIC	_____	_____
☐ Warrant file	_____	_____
☐ DOL firearms file	_____	_____
☐ DSHS	_____	_____
☐ Local check	_____	_____

☐ Approved ☐ Denied By _____ Date_____

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 664-6616 or TTY (360) 664-0116.