



**UNION GAP POLICE DEPARTMENT
WASHINGTON STATE
CONCEALED PISTOL LICENSE APPLICATION**

STEP 1: FILL OUT THE ATTACHED APPLICATION AND SIGN ALL RELEVANT FORMS

****NOTE: All Non-United States Citizens are required under Federal Law to provide their Alien Registration card or I-94 card when applying for any firearms license or when making a firearms purchase. If you are not a United States citizen you will have to apply for a Concealed Pistol License Permit at the Yakima County Sheriff's office.***

The cost of the permit is non-refundable. Payment can be made in cash currency or check. Checks are to be made out to **Union Gap Police Department**. Payment is required at the time the application is processed.

Cost of Permits:

Original: \$48.00

Renewal: \$32.00

Late Renewal: \$42.00

Replacement Permit: \$10.00

STEP 2: SHOW YOUR CURRENT WASHINGTON STATE DRIVERS LICENSE/IDENTIFICATION WITH PHOTO (IF APPLICABLE) TO THE CLERK.

STEP 3: FINGERPRINTS WILL BE REQUIRED FOR AN ORIGINAL PERMIT. FINGERPRINTS ARE BY APPOINTMENT ONLY AT THIS TIME. CALL 509-248-0430 TO SCHEDULE.

STEP 4: AFTER DOING THE REQUIRED CHECKS, AND YOU HAVE BEEN APPROVED FOR THE PERMIT, WE WILL TYPE UP THE PERMIT, LAMINATE IT AND SEND IT TO THE MAILING ADDRESS YOU HAVE PROVIDED. ORIGINAL PERMIT APPLICATIONS REQUIRE 30 BUSINESS DAYS TO PROCESS. RENEWALS, REPLACEMENTS AND LATE RENEWALS REQUIRE UP TO FIVE BUSINESS DAYS TO PROCESS. IF YOU ARE FOUND INELIGIBLE TO OBTAIN A CONCEALED PISTOL LICENSE YOU WILL BE NOTIFIED BY MAIL AND BY PHONE.

Concealed Pistol License Application

| Office use only | |
|-----------------|-------|
| ID number | _____ |
| SID number | _____ |
| FBI number | _____ |
| CPL number | _____ |

PRINT or TYPE all information

| | | | | | |
|---|--|--|--|---|--|
| Application type <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 | |
| Mailing address (if different) | | City | | State | |
| Date of birth | | Birthplace (City, State/Province, Country) | | (Area code) Telephone number (optional) | |
| Height ___ feet ___ inches | | Weight _____ pounds | | Eyes (color) | |
| Hair color | | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race (Check all that apply) <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 type and location of all marks, scars, and tattoos | | | | | |
| Residency | | | | | |
| 1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter country of citizenship _____ | | | | | |
| 2. Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your permanent resident card number _____ | | | | | |
| 3. Are you a legal alien temporarily residing in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 6. Have you been discharged from the Armed Forces under dishonorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 8. Have you been convicted in any court of a misdemeanor crime of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9. Have you ever renounced your United States citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 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.

Date and place _____

X

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 _____ |