

ADAMS COUNTY SHERIFF'S OFFICE

CONCEALED HANDGUN PERMIT APPLICATION

WARNING: The information you provide will be verified. Providing false information on this application constitutes a criminal offense for which you may be prosecuted. Print or type all information except signatures.

Type of permit requested <input type="checkbox"/> Regular <input type="checkbox"/> Temporary/emergency		New or Renewal? <input type="checkbox"/> New <input type="checkbox"/> Renewal		Permit number if renewal	Current Expire Date	County of issue <b style="text-align: center;">ADAMS
Applicant's Name (LAST, FIRST, MIDDLE)					Colorado Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Names (Nickname, maiden name, alias, etc.)					Date of Birth (MM/DD/YYYY)	
Social Security Number *		Colorado County of Residence**		E-Mail (Voluntary-assists us in contacting you discreetly)***		
Current Home Address				City/State/Zip		Area Code + Home Phone***
Mailing Address if different from above				City/State/Zip		Other phone-Area Code + Home Phone***
Length of time at current address	If at current address less than 10 years, List all previous addresses for the past 10 years. Attach separate sheet if additional space is needed					
1	2		3			
4	5					
<p>* Social Security number is voluntary, but may assist in the background investigation in the event there are other individuals with a similar name who have had a contact with law enforcement authorities. It also helps to ensure that your record will never be accidentally merged with that of any other individual.</p> <p>** If not a Colorado resident, please explain in a separate attachment why you need a permit and identify any property or business you own in Colorado.</p> <p>*** Voluntary. This information will help us contact you if necessary to complete the application process or quickly clear up any issues or questions.</p>						

Applicant History - If you answer "yes" to questions one through fourteen, provide a detailed explanation on a **separate sheet** and attach it to this form. Where applicable, the information provided must include dates, locations, etc. Reference your explanations by preceding each with the number of the pertinent question. Legibly print or type all information. Attachments must be clearly legible. Concerning "conviction", answer "no" if pardoned or if the conviction has been expunged, sealed or set aside.

1. Have you been treated for alcoholism within the past ten years, or ever been involuntarily committed as an alcoholic?..... Yes No
2. Have you had two or more alcohol-related convictions within the past ten years? Yes No
3. Have you ever been convicted of perjury under C.R.S. Section 18-8-503?..... Yes No
4. Are you currently the subject of either a civil or criminal restraining order? Yes No
5. Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year? Yes No
6. Have you been convicted in any court of a felony, or attempt or conspiracy to commit a felony, or any other crime for which the judge could have imprisoned you for *more than* one year, even if you received a shorter sentence, including probation?... Yes No
7. Are you a fugitive from justice? Yes No
8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? 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 ever been convicted in any court of a misdemeanor crime of domestic violence as defined in the code of Federal Regulations, subpart 178.11? Yes No
11. Have you ever been adjudicated as a juvenile for a crime that would constitute a felony if committed by an adult or attempt or conspiracy to commit a felony, under and state or federal law? Yes No

12. Have you ever been discharged from the Armed Forces under *dishonorable* conditions? Yes No
13. Have you ever renounced your United States citizenship? Yes No
14. Are you of alien or non-citizen status in the United States? (If you answer "yes", please complete supplemental form)..... Yes No

PROOF OF FIREARMS TRAINING

Please check one pertaining to your application submittal

- A training certificate from a handgun training class (as defined in C.R.S. 18-12-202.5) obtained within the ten years preceding submittal of this application. It must be the **original** training certificate or a photocopy that includes the **original signature** of the class instructor.
- Proof of honorable discharge from a branch of the United States Armed Forces (DD214) within the three years preceding submittal of this application
- Proof of honorable discharge from a branch of the United States Armed Forces (DD214) that reflects pistol qualifications obtained within the ten years preceding submittal of this application.
- Evidence that, at the time this application is submitted, the applicant is a certified instructor.
- Evidence of experience with a firearm through participation in organized shooting competitions or current military service.
- A certificate showing retirement from a Colorado Law Enforcement Agency that reflects pistol qualification obtained within the ten years preceding submittal of this application.

NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER

NOTE TO RECIPIENT A PHOTOCOPY OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES, AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES. THE ORIGINAL OF THIS FORM WILL REMAIN IN THE SHERIFF'S OFFICE CONCEALED HANDGUN PERMIT FILES.

Handguns have been classified by both Federal and Colorado law as deadly weapons. They are capable of causing death, serious injury, and property damage. I certify that I have read and understand the information provided in the application packet and the attached Colorado Revised Statutes pertaining to the use of deadly physical force, and agree that any violation will be cause for revocation of this permit.

By issuing this permit, the issuing County Sheriff, Sheriff's Office County, County Sheriff's of Colorado and employees shall not be held liable or responsible for the manner in which the permit holder used the concealed handgun or the results of said use, including, but not limited to, the death of, or injury to, any person or damage to any property resulting from directly or indirectly from the intentional, reckless, negligent or accidental discharge of a handgun, or any criminal acts committed by the permit holder involving the use of the concealed handgun. Furthermore, the issuing County Sheriff's Office in no way stands as Warrantor or Guarantor of the structural, mechanical or functional fitness of the concealed handgun for any purpose whatsoever.

By signing this application, I acknowledge and accept the terms contained in the notice of disclaimer. I hereby certify that all statements made by me in the completion of this application are, to the best of my knowledge, accurate and true. I understand that any false answer (deceitfully made) or any fraud whatsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit is subsequently discovered, such fraud and/or deceit will become grounds for rejection of this application and may result in criminal charges.

I fully understand that the issuing County Sheriff's Office conducts a background investigation of all applicants who are being considered for a concealed handgun permit. This investigation includes, but is not limited to, an investigation of military, police, driving records and character.

I hereby authorize any person who is contacted by the issuing County Sheriff's Office personnel to release any information to the issuing County Sheriff's Office pertaining to the background investigation including, but not limited to military, police and driving records and character for use by the issuing County Sheriff's Office in the consideration of my application.

I further agree to release and hold harmless, the issuing County Sheriff's Office, it's agencies, elected officials, officers, agents and employees from any and all liability or claims, which I may have arising out of the disclosure of such information to the issuing County Sheriff's Office in the consideration of my application.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claims or liability set forth herein shall survive the termination of the agreement.

The applicant swears, under oath, that the contents of the permit application and the information contained in the permit application is true and correct.

Applicant's Signature _____ Subscribed and sworn before me this _____ day of _____,

Witness my hand _____
Sheriff or designee