WELD COUNTY SHERIFF'S OFFICECONCEALED 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:						
Applicant's Name (Last, First and Middle):				Resident of Colorado? □-Y □-N		
Other Names (nickname, maiden name, alias, etc.): Date of Birth:						
*Soc	*Social Security Number: **Colorado County of Residence:					
Current Home Address:		City/State/Zip:	***Area Code + Home Phone:	***Area Code + Home Phone:		
Mailing Address if Different from Above:		City/State/Zip:	***Daytime Phone - area code	***Daytime Phone - area code + phone:		
Leng	th of Time at Current Address:	If at current address for additional space i	I for less than Ten Years, List all previous addre needed)	esses for the past Ten Years: (attach sepa	rate sheet of paper	
1.	1. 3.					
2. 4.						
	*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 contact with law enforcement authorities. It also helps to ensure that your record will never be accidentally merged with that of any other individual.					
**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.						
*** \	oluntary. This information will help us con	tact you if necessary	to complete the application process.			
Applicant History - If you answer "yes" to questions one through fifteen, 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. Print or type all information. Attachment 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	n within the past te	n years or ever been involuntarily co	ommitted as an alcoholic?	□-Y □-N	
2.	Have you had two or more alcohol-related convictions within the past ten years?□-				□-Y □-N	
3.	Have you ever been convicted of perjury under C.R.S. Section 18-8-503? □-Y □					
4.	Are you currently the subject of either a criminal or civil restraining order? □-Y				□-Y □-N	
5.	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?				□-Y □-N	
6.	Have you been convicted in any cour	t of a felony, or at	tempt or conspiracy to commit a felo	ny, or any other crime for which		
	the judge could have imprisoned you	for more than one	e year, even if you received a shorte	r sentence including probation? .	□-Y □-N	
7.	Are you a fugitive from justice?□-Y				□-Y □-N	
8.	Are you an unlawful user of, or addict	ted to, marijuana,	or any depressant, stimulant, or nar	cotic drug, or any other		
	controlled substance?				□-Y □-N	
9. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your						
	own affairs) or have you ever been co	ommitted to a mer	tal institution?		□-Y □-N	
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?			□-Y □-N	
11.	Have you ever been adjudicated as	a juvenile for a cri	me that would constitute a felony if o	committed by an adult or		
	attempt or conspiracy to commit a fe	lony, under any st	ate law or federal law?		□-Y □-N	

(form continued on other side)

10	Have you ever been discharged from the Armed Forces under dishanerable conditions?					
	Have you ever been discharged from the Armed Forces under <i>dishonorable</i> conditions?					
13.	Have you ever renounced your United States citizenship? □-Y □-N Are you an alien illegally in the United States? □-Y □-N					
15.	Are you a nonimmigrant alien, as defined in the code of Federal Regulations, subpart 178.11?					
	(If you answer "yes" to question #15 there are exceptions that may still permit you to obtain a permit)					
	PROOF OF FIREARMS TRAINING					
Please check one pertaining to your application submittal.						
(incl	A training certificate from a handgun training class (as defined in C.R.S. 18-12-202.5) including firearms safety course offered by a law enforcement agency uding DOW Hunter Safety course) an institution of higher education, or public or private institution or organization or firearms training school, that is open to general public and is taught by a certified instructor, obtained within the ten years preceding submittal of this application. It must be the <u>original</u> training ficate or a photocopy that includes the <u>original signature</u> of the class instructor.					
□F	roof 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 eding submittal of this application.					
□ E	Evidence that, at the time this application is submitted, the applicant is a certified instructor.					
□ E	Evidence of experience with a firearm through participation in organized shooting competitions or current military service.					
	certificate showing retirement from a Colorado Law Enforcement Agency that reflects pistol qualifications obtained within the ten years preceding submittal is application.					
	NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER NOTE TO RECIPIENT: A PHOTOCOPY REPRODUCTION 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 WEAPONS FILES.					
I cer	dguns have been classified by both Federal and Colorado law as deadly weapons. They are capable of causing death, serious injury, and property damage. tify that I have read and understand the information provided in the application packet and the attached Colorado Revised Statutes pertaining to the use of ally physical force, and agree that any violation will be cause for revocation of this permit.					
the idam	ssuing this permit, the issuing County Sheriff, Sheriff's Office County, County Sheriffs of Colorado and employees shall not be held liable or responsible for manner in which the permit holder uses the concealed handgun or the results of said use, including, but not limited to, the death of, or injury to, any person or age to any property resulting either directly or indirectly from the intentional, reckless, negligent or accidental discharge of a handgun, or any criminal acts mitted 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 rantor of the structural, mechanical, or functional fitness of the concealed handgun for any purpose whatsoever.					
com wha	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.					
	y understand that the issuing County Sheriff's Office conducts a background investigation of all applicants who are being considered for a concealed dgun permit. This investigation includes, but is not limited to, an investigation of military, police, driving records, and character.					
pert	reby 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 aining to the background investigation including, but not limited to, military, police, driving records and character for use by the issuing County Sheriff's Office e consideration of my application.					
	ther agree to release and hold harmless the issuing County Sheriff's Office, its agencies, elected officials, officers, agents, and employees from any and all ity 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.					
	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 survive the termination of the agreement.					
	applicant swears under oath that the contents of the permit application and the information contained in the permit application is true and ect.					
	olicant's Signature Subscribed and sworn before me thisday of,					
	Witness my hand					

Sheriff or Designee