COUNTY SHERIFFS OF COLORADO

Submitting Sheriff's Office/Agency_____

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: ☐- Regular ☐- Temporary/Emergency ☐- Renewal Permit Number:_____ Expiration: _____	**County of Issue**: County Renewing in and/or applying
Applicant's Name (Last, First and Middle):	Resident of Colorado? ☐-Y ☐-N
Other Names (nickname, maiden name, alias, etc.):	Date of Birth: (**Required)**

*Social Security Number:	**Colorado County of Residence:	Email:

Current Home Address:	City/State/Zip:	***Area Code + Home Phone:
Mailing Address if Different from Above:	City/State/Zip:	***Daytime Phone - area code + phone:

Length of Time at Current Address:	If at current address for less than Ten Years, List all previous addresses for the past Ten Years: (attach separate sheet of paper for additional space needed)

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.

*** Voluntary. This information will help us contact you if necessary to complete the application process.

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. 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 within the past ten years or *ever* been involuntarily committed 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 ☐-N
4. Are you currently the subject of either a criminal or civil restraining order? ..... ☐-Y ☐-N
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 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? ..... ☐-Y ☐-N
7. Are you a fugitive from justice? ..... ☐-Y ☐-N
8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? ..... ☐-Y ☐-N

   ***Warning: The medicinal or recreational use of marijuana, although legalized in Colorado, is illegal pursuant to federal law and would prohibit the lawful possession of firearms pursuant to 18 USC 922(g)(3).**

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? ..... ☐-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 478.11? ..... ☐-Y ☐-N
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 any state law or federal law? ..... ☐-Y ☐-N

(form continued on other side)

12. Have you ever been discharged from the Armed Forces under *dishonorable* conditions? ..... ☐-Y ☐-N

13. Have you ever renounced your United States citizenship? ..... ☐-Y ☐-N

14. Are you an alien or non-citizen status in the United States? (If you answer "YES" please complete supplemental form) ..... ☐-Y ☐-N

PROOF OF FIREARMS TRAINING – (NOT REQUIRED FOR RENEWAL)

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 qualifications obtained within the ten years preceding submittal of this 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.

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 Sheriffs of Colorado and employees shall not be held liable or responsible for the 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 damage to any property resulting either 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, 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, its 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

OFFICE OF
SHERIFF, FREMONT COUNTY

100 JUSTICE CENTER ROAD · Canon City, Colorado 81212
Phone (719) 276-5555 · FAX (719) 276-5593

Conceal Handgun Permit
Fingerprint and/or Permit I.D Information Form

Full legal name: _____
Last Name, First Middle

Alias/Maiden Name: _____ **Citizenship** (*country*): _____

Soc. Sec. No: _____-_____-_____ **Driver Lic. No**._____ **State**_____

Sex: _____ **Race**: _____ **Height**: _____ **Weight:** _____ **Eyes:** _____ **Hair**: _____

Date of Birth: _____/_____/_____ **Place of Birth**: _____
MM DD YYYY City, State, Country

Home Address (*No PO Box*): _____
Number Street/Ave

_____
City State Zip Code

Employer Name: _____**Occupation**._____

Employer Address: _____
Number/PO Box Street

_____
City State Zip Code

Signature: _____