## **ADAMS COUNTY SHERIFF'S OFFICE**

## **CONCEALED HANDGUN APPLICATION**

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

NIE\A/					County of Issue		
NEW					ADAMS	3	
Applicant's Name (LAST, FIRST, MIDDLE)					Colorado Resident?		
					Yes No		
Other Names (Nickname, maiden na	Colorado County of Reside	ence**					
		T					
Social Security Number*		Date of Birth (MM/DD/YYYY)		E-Mail (Voluntary-assists us in contacting you discreetly)***			
Current Home Address			City/State/Zi	ty/State/Zip Area Code + Home Phone***		***	
Mailing Address if Different from Above			City/State/Zi	ty/State/Zip Other phone-Area Code + Home Phone***		ne 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						
2			3	3			
4			5	5			
* Social Security number is voluntary, but enforcement authorities. It also helps to e					who have had a contact with lav	V	
** If not a Colorado resident, please explai	n in a separate at	tachment why you need a permit a	nd identify any	property or business you own in Co	olorado.		
*** Voluntary. This information will help us	contact you if ne	ecessary to complete the applicatio	n process or qu	ickly clear up any issues or question	ns.		
<b>Applicant History</b> - If you answ form. Where applicable, the information the pertinent question. Legibly put the conviction has been expunded.	mation provi rint or type a	ded must include dates, loc Il information. Attachments	ations, etc. I	Reference your explanation:	s by preceding each with	the number of	
1. Have you been treated for alcoholism within the past ten years, or ever been involuntarily committed as an alcoholism						No	
2. Have you been convicted of two or more DUI's as described under C.R.S				(1) (a) in the last 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?						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?						No	
6. Have you been convicted in any court of a felony, or attempt or conspiracy to commit a felony, o the judge could have imprisoned you for <i>more than</i> one year, even if you received a shorter sente						No	
7. Are you a fugitive from justice?						No	
8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, substance?					Yes	No	
*Warning: The medicinal or recreat lawful possession of firearms pursi			orado, is illega	ı pursuant to federal law and wou	uld prohibit the		
9. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage you own affairs) or have you ever been committed to a mental institution?						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?					1 1145	No	

11. Have you ever been adjudicated as a juvenile for a crime that would constitute a felony if commor conspiracy to commit a felony, under and state or federal law?		Yes No
12. Have you ever been discharged from the Armed Forces under <i>dishonorable</i> 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	e supplemental form)	Yes No
landguns have been classified by both Federal and Colorado law as deadly weapons. They are capa amage. I certify that I have read and understand the information provided in the application packe ertaining to the use of deadly physical force, and agree that any violation will be cause for revocati	et and the attached Colorado Revis	
y issuing this permit, the issuing County Sheriff, Sheriff's Office County, County Sheriff's of Colorad esponsible for the manner in which the permit holder used the concealed handgun or the results or injury to, any person or damage to any property resulting from directly or indirectly from the interpretation handgun, or any criminal acts committed by the permit holder involving the use of the concealed office in no way stands as Warrantor or Guarantor of the structural, mechanical or functional fitness whatsoever.	of said use, including, but not limit intional, reckless, negligent or acci handgun. Furthermore, the issuin	ed to, the death of, idental discharge of ng County Sheriff's
y signing this application, I acknowledge and accept the terms contained in the notice of disclaims he completion of this application are, to the best of my knowledge, accurate and true. I understand whatsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit will become grounds for rejection of this application and may result in criminal charg	I that any false answer (deceitfully I and/or deceit is subsequently dis	made) or any fraud
fully understand that the issuing County Sheriff's Office conducts a background investigation of all andgun permit. This investigation includes, but is not limited to, an investigation of military, police eclined, I hereby authorize any person who is contacted by the issuing County Sheriff's Office persounty Sheriff's Office persounty Sheriff's Office pertaining to the background investigation including, but not limited to mility the issuing County Sheriff's Office in the consideration of my application.	e, driving records and character. Up onnel to release any information t	nless otherwise to the issuing
further agree to release and hold harmless, the issuing County Sheriff's Office, it's agencies, elected nd all liability or claims, which I may have arising out of the disclosure of such information to the is ny application.		
his authorization for the release of information shall be valid for a six (6) month period from the da erein shall survive the termination of the agreement. The applicant swears, under oath, that the co ontained in the permit application is true and correct.	•	•
ubscribed and sworn before me thisday of,,		
lotary Official Signature Commis	ssion Expiration	
	For Administrative Use	Only
	Processed Mail Date Processe	ed In Person Date

## LIVESCAN FINGERPRINTING INFORMATION

l,	state that on				
(full name of applicant)					
, I was fingerprinted by					
(date)	(fingerprint examiner)				
and have a received a copy of the Privacy Act Notification. I understand that my fingerprints will be retained by the Colorado Bureau of Investigation and the Federal Bureau of Investigation.					

## **Privacy Act Notification**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety. [If other agencies are involved in processing this application, they may have additional routine uses; specifically, some state agencies may share potentially pertinent information, including criminal history information between and among other employing, investigating, or otherwise responsible agencies within that state.]

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