

ARAPAHOE 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. Do not sign application before your interview at the Sheriff's Office.

Type of Permit Requested: <input type="checkbox"/> Regular <input type="checkbox"/> Renewal <input type="checkbox"/> Temporary / Emergency	Current Permit #		County of Issue: <h3 style="text-align: center;">ARAPAHOE</h3>	
		Expiration Date:		
Applicant's FULL Name (Last, First and Middle):			**Resident of Colorado? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Names (nickname, former name, maiden name, alias, etc.)			Date of Birth:	
*Social Security Number:		**Colorado County of Residence:		
Current Home Address: (Street)		(City/State/Zip)	*** Evening Phone:	
Mailing Address if Different from Above: (Street)		(City/State/Zip)	*** Daytime Phone:	
Colorado Property Address if Relevant: (Street)		(City/State/Zip)	* Cell Phone:	
E-mail: (optional – will assist in making contact if needed)				
Length of Time at Current/Colorado Property Address:		If less than 10 years at Current/Colorado Property address, list all previous addresses for the past 10 years: (attach separate sheet of paper for additional space needed)		
1. Street	City	County	State, Zip	Length at this address
2. Street	City	County	State, Zip	Length at this address
3. Street	City	County	State, Zip	Length at this address
4. Street	City	County	State, Zip	Length at this address

* Providing 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. A copy of this form is submitted to the CBI along with your renewal check. Your SSN is required on the copy to insure proper identification of records and payment credit.

** 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.

*** Providing the phone number(s) will help us contact you if necessary to complete the application process.
Please include the area code.

Applicant History - If you answer “**YES**” to any question 1-14, provide a **detailed** explanation on a *separate sheet* and attach it to this form. Concerning questions 2, 3, 6 or 10, you should answer “**NO**” if your conviction was pardoned, expunged, sealed or set aside. Where applicable, the information provided must include dates, locations, and enough detail to facilitate the application. Reference your explanations by preceding each with the number of the pertinent question. Print or type all information. Attachment must be clearly legible.

APPLICANT HISTORY	YES	NO
1. Have you been treated for alcoholism within the past 10 years or <i>ever</i> been involuntarily committed as an alcoholic?		
2. Have you had two or more alcohol-related convictions within the past ten years?		
3. Have you ever been convicted of perjury under C.R.S. Section 18-8-503?		
4. Are you currently the subject of either a criminal or civil restraining order?		
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		
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 <i>more</i> than one year, even if you received a shorter sentence including probation?		
7. Are you a fugitive from justice?		
8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?		
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?		
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?		
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?		
12. Have you ever been discharged from the Armed Forces under <i>dishonorable</i> conditions?		
13. Have you ever renounced your United States citizenship?		
14. Are you of alien or non-citizen status in the United States? (If you answer “yes” please complete supplemental form)		

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 qualifications obtained within the ten years preceding submittal of this application.

ARAPAHOE COUNTY SHERIFF'S OFFICE
CONCEALED CARRY HANDGUN (CHP) PERMIT RENEWAL AFFIDAVIT
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 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.

I certify that I have read and will comply with the provided guidelines with respect to proof of residency, training requirements, and maintenance of permit requirements. I understand that my failure to do so 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 are true and correct and that the applicant remains qualified pursuant to the criteria specified in sections 18-12-203 (1) (a) to (1) (g).

On this the ____ day of _____, _____, before me, _____,
Month Year Notary Public

the undersigned Notary Public, personally appeared _____,
CHP Applicant

proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

Date: _____
CHP Applicant's Signature

Date: _____
Notary Public Signature My Commission expires: _____

*Place Notary Seal Above