

STATE OF IDAHO

CONCEALED WEAPONS LICENSE APPLICATION

COUNTY OF ISSUE		Application Type: Initial <input type="checkbox"/> Renewal <input type="checkbox"/> License: 18-3302 Concealed <input type="checkbox"/> 18-3302K Enhanced Concealed <input type="checkbox"/>		
Last Name	First Name and Middle Initial	Date of Birth	Place of Birth	SSN (optional)
Aliases: Any name used or known by		Sex	Weight	Height
			Hair	Eyes
Address		D/L or ID Card Number		Military Status
City, State Zip		Country of Citizenship		Alien or Admission Number
CAUTION: Federal and state laws on the possession of weapons and firearms differ. If you are prohibited by federal law from possessing a weapon or a firearm, you may be prosecuted in federal court. A state permit is not a defense to a federal prosecution.		List all firearms training including the date completed:		

NOTE: According to Federal Code, 18 USC Sec. 921-922, the following persons are prohibited from receiving a firearm: fugitives from justice; persons who are unlawful users of or are addicted to narcotics or any other controlled substances; persons adjudicated as a mental defective or who have been committed to a mental institution; persons who have been convicted in any court of a crime punishable by imprisonment for a term exceeding one (1) year; persons who are under indictment for a crime punishable by imprisonment for a term exceeding one (1) year; military veterans discharged under dishonorable conditions; persons who have renounced U.S. citizenship; aliens illegally in the U.S.; persons subject to a court order that restrains them from harassing, stalking, or threatening an intimate partner or child of such intimate partner; and persons convicted in any court of misdemeanor crime of domestic violence.

APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

YES	NO	(check appropriate box)
		Are you under twenty-one (21) years of age?
		Have you been a legal resident of the state of Idaho for at least six (6) consecutive months, or hold a current concealed weapons license or permit in the state of residency, before filing this application? (For Enhanced Concealed Carry only)
		Are you formally charged with a crime punishable by imprisonment for a term exceeding one (1) year?
		Have you ever been adjudicated guilty in any court of a crime punishable by imprisonment for a term exceeding one (1) year?
		Are you a fugitive from justice?
		Are you an unlawful user of or addicted to marijuana or any depressant, stimulant or narcotic drugs, or any other controlled substance as defined in 21 U.S.C. 802?
		Are you currently suffering from or have you been adjudicated as having suffered from any of the following conditions, based on substantial evidence: (1) lacking mental capacity as defined in Section 18-210, Idaho Code; (2) mentally ill as defined in Section 66-317, Idaho Code; (3) gravely disabled as defined in Section 66-317, Idaho Code; or (4) an incapacitated person as defined in Section 15-5-101, Idaho Code?
		Have you been discharged from the armed forces under dishonorable conditions?
		Have you received a period of probation after having been adjudicated guilty of, or received a withheld judgment for a misdemeanor offense that has an element of intentional use, attempted use or threatened use of physical force against the person or property of another and NOT successfully completed probation?
		Are you an alien illegally in the United States?
		Have you, having been a citizen of the United States, renounced your citizenship?
		Are you free on bond or personal recognizance pending trial, appeal or sentencing for a crime which disqualifies you from obtaining a concealed weapon license?
		Are you a respondent to a protection order issued under chapter 63, title 39, Idaho code or a similar order in another jurisdiction?
		Have you ever been convicted in any court of a misdemeanor crime of domestic violence?
		Are you eligible to own, possess or receive a firearm under Idaho and federal law?

List all states you have lived in during the past ten (10) years:

Under penalty of Idaho Code 18-3302 C (2), I certify I have read the entire text of this form and my statements set forth are true and correct. This application may take a minimum of ninety (90) days to process.

SIGNATURE OF APPLICANT _____ DATE _____

Do not write in this space

This applicant has provided completion documentation of the required training for the license type.
 Approved Denied Reason for denial _____

SIGNATURE OF SHERIFF OR DESIGNEE _____ DATE _____