

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.

NEW			County of Issue ADAMS
Applicant's Name (LAST, FIRST, MIDDLE)		Colorado Resident? Yes No	
Other Names (Nickname, maiden name, alias, etc.)		Colorado County of Residence	
Social Security Number*	Date of Birth (MM/DD/YYYY)	E-Mail (Voluntary-assists us in contacting you discreetly)**	
Current Home Address	City/State/Zip	Area Code + Contact Phone**	
Mailing Address if Different from Above	City/State/Zip	Place of Birth	
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 1		
2	3		
4	5		
<p>* 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 a contact with law enforcement authorities. It also helps to ensure that your record will never be accidentally merged with that of any other individual.</p> <p>** Voluntary. This information will help us contact you if necessary to complete the application process or quickly clear up any issues or questions.</p>			

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. Legibly print or type all information. Attachments must be clearly legible. Concerning "conviction", answer "no" if pardoned or if the conviction has been expunged, sealed or set aside.

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| 1. Have you been treated for alcoholism within the past ten years, or ever been involuntarily committed as an alcoholic? | Yes | No |
| 2. Have you been convicted of two or more DUI's as described under C.R.S. 42-4-1301 (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? | Yes | 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? | Yes | No |
| 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? | Yes | No |
| 7. Are you a fugitive from justice? | Yes | No |
| 8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? | Yes | No |

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).

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| 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? | Yes | 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? | Yes | No |
| 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 and state or federal law? | Yes | No |
| 12. Have you ever been discharged from the Armed Forces under dishonorable 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 supplemental form) | Yes | No |

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 Sheriff's of Colorado and employees shall not be held liable or responsible for the manner in which the permit holder used 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 from 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. Unless otherwise declined, 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 and 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, it's 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.

Subscribed and sworn before me this _____ day of _____, _____

Witness my Hand _____

Sheriff or Designee

LIVESCAN FINGERPRINTING INFORMATION

I, _____ state that on
Please Print your First and Last Name

_____, 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.]**