

## 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 #  Expiration Date:		County of Issue:  <h1 style="margin: 0;">ARAPAHOE</h1>	
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.

\*\* 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. 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. Concerning “conviction”; answer “no” if pardoned or if the conviction has been expunged, sealed or set aside.

<b>APPLICANT HISTORY</b>	<b>YES</b>	<b>NO</b>
1. Have you been treated for alcoholism within the past 10 years or ever 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. Have you been convicted in any court of any crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence or probation?		
8. Are you a fugitive from justice?		
9. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? <b>** 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).</b>		
10. 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?		
11. 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?		
12. 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?		
13. Have you ever been discharged from the Armed Forces under <i>dishonorable</i> conditions?		
14. Have you ever renounced your United States citizenship?		
15. Are you of alien or non-citizen status in the United States? (If you answer “yes” please complete supplemental form)		

**ARAPAHOE COUNTY SHERIFF'S OFFICE CONCEALED CARRY  
RENEWAL APPLICATION AFFIDAVIT**

***NOTE TO RECIPIENT: A PHOTOCOPY REPRODUCTION OF THIS SIGNED AFFIDAVIT 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.***

Pursuant to C.R.S. § 18-12-211(1)(a), I, \_\_\_\_\_, certify under penalty of perjury that I remain qualified to hold a concealed handgun permit pursuant to the criteria specified in C.R.S. § 18-12-203(1)(a) to (1)(g), as set forth below:

- (a) I am a legal resident of the state of Colorado;
- (b) I am twenty-one (21) years of age or older;
- (c) I am not ineligible to possess a firearm pursuant to C.R.S. § 18-12-108 or federal law;
- (d) I have not been convicted of perjury under C.R.S. § 18-8-503, in relation to information provided or deliberately omitted on a concealed handgun permit application;
- (e) I do not chronically and habitually use alcoholic beverages to the extent that my normal faculties are impaired;
- (f) I am not an unlawful user of or addicted to a controlled substance as defined in C.R.S. § 18-18-102(5), or as provided under federal law and regulations;
- (g) I am not subject to:
  - (1) a protection order issued pursuant to C.R.S. § 18-1-1001 or § 19-2-707; or
  - (2) a temporary and/or permanent protection order issued pursuant to article 14 of title 13, C.R.S.; or

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_,  
Month Year Notary Public

the undersigned Notary Public, personally appeared \_\_\_\_\_,  
Renewal 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: \_\_\_\_\_  
Renewal Applicant's Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Notary Public Signature

My Commission expires: \_\_\_\_\_

\*Place Notary Seal Above