

PROWERS 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 except signatures.

Type of Permit: ☐ - Regular ☐ - Temporary/Emergency ☐ - Renewal		Permit #: _____ Expiration: _____		County of Issue: _____	
Applicant's Name (Last, First, and Middle): _____				Resident of Colorado? ☐ - Y ☐ - N	
Other Names (maiden name, birth name, previous marriages, adoption, alias, etc.): _____				Date of Birth: _____	
Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____	Race: ☐ - American Indian/Alaskan Native ☐ - White (Including Hispanic/Latino) ☐ - Asian or Pacific Islander ☐ - Black ☐ - Other	
*Social Security Number: _____		Colorado County of Residence: _____		Email: _____	
Current Home Address: _____			City / State / Zip: _____		Home Phone: _____
Mailing Address if Different from Above: _____			City / State / Zip: _____		Personal Phone: _____
Length of Time at Current Address: _____		Please list all physical addresses from the past ten years. Do not include any mailing addresses. If additional space is needed, attach a separate sheet of paper.			
1. _____		3. _____			
2. _____		4. _____			

***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.**

APPLICANT HISTORY

If you answer "yes" to any questions below, provide a detailed explanation on a *separate sheet* and attach it to this form. Where applicable the information provided must include dates, locations, etc. The attachment must be clearly legible. Concerning "conviction", answer "no" if pardoned or if the conviction has been expunged, sealed, or set aside.

1. Have you been treated for alcoholism within the past ten years or ever been involuntarily committed as an alcoholic?.....☐-Y ☐-N
 2. Have you had two or more alcohol-related convictions within the past ten years?☐-Y ☐-N
 3. Have you been convicted of perjury under C.R.S. Section 18-8-503?☐-Y ☐-N
 4. Are you currently the subject of either a criminal or civil restraining order?☐-Y ☐-N
 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?☐-Y ☐-N
 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?☐-Y ☐-N
 7. Are you a fugitive from justice?☐-Y ☐-N
 8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?.....☐-Y ☐-N
- 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).**
9. Have you 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?.....☐-Y ☐-N
 10. Have you been convicted in any court of a misdemeanor crime of domestic violence as defined in the code of Federal Regulations, subpart 478.11?.....☐-Y ☐-N
 11. Have you been convicted of a misdemeanor offense listed in C.R.S. 24-33.5-424 (3)(b.3) within the past five years?☐-Y ☐-N
 12. Have you 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?☐-Y ☐-N
 13. Have you been discharged from the Armed Forces under dishonorable conditions?☐-Y ☐-N

(form continued on other side)

14. Have you renounced your United States citizenship?☐-Y ☐-N

15. Are you an alien or non-citizen status in the United States? (If "YES", please complete supplemental form)☐-Y ☐-N

PROOF OF FIREARMS TRAINING

Please check one pertaining to your application submittal.

- ☐ A training certificate from a concealed handgun training class (as defined in C.R.S. 18-12-205.5) obtained within one year preceding the submittal of this application. It must be the **original** training certificate that includes the **original signature** of the class instructor.
- ☐ A refresher training certificate from a concealed handgun refresher class (as defined in C.R.S. 18-12-202.5 (4)) obtained within six months preceding the submittal of this renewal application. The training certificate must include the **original signature** of the class instructor. **A refresher training certificate is only valid for the renewal of a permit and will not work for an initial Concealed Handgun Permit application.**
- ☐ 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 firearms instructor.
- ☐ Evidence of experience with a firearm through participation in organized shooting competitions, current military service, or current certification as a peace officer pursuant to Article 2.5 of Title 16.
- ☐ A certificate showing retirement from a Colorado Law Enforcement Agency that reflects pistol qualifications obtained within the ten years preceding submittal of this application.

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 WEAPONS 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.

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.

Applicant's Signature: _____

Date: _____