



Concealed Carry Pistol License Application

Metropolitan Police Department

Firearms Registration Section · 300 Indiana Avenue, NW · Washington, DC 20001 · 202-727-4275

Applicant Information

<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
<i>Home Street Address</i>		<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<i>Occupation /Name of Business</i>					
<i>If Applying as a Business Owner: Business/Occupation Street Address</i>		<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<i>Home Phone Number</i>		<i>Work Phone Number</i>		<i>Email Address (Optional)</i>	
<i>Date of Birth (mm/dd/yyyy)</i>		<i>Place of Birth</i>			
<i>Driver's License State & ID Number or Other Government-Issued Photo Identification Description & ID Number</i>					
<i>Sex</i>	<i>Race</i>	<i>Height</i>	<i>Weight</i>	<i>Eye Color</i>	<i>Hair Color</i>

Statement of Eligibility

Please answer each of the following questions by marking the appropriate box.

- ☐ Yes ☐ No Have you ever been convicted of a crime of violence, weapons offense, any other violation of the Firearms Control Regulation Act of 1975, or a felony in any jurisdiction (including any crime punishable by imprisonment for a term exceeding one year)?
- ☐ Yes ☐ No Are you under indictment for a crime of violence or a weapons offense?
- ☐ Yes ☐ No Have you been convicted within the past five years for a narcotics or dangerous drug offense, a threat to do bodily harm, or for assault?
- ☐ Yes ☐ No Have you been acquitted of any criminal charge by reason of insanity or adjudicated a chronic alcoholic by any court within the past five years?
- ☐ Yes ☐ No Have you been voluntarily or involuntarily committed to any mental hospital or institution within the past five years?
- ☐ Yes ☐ No Do you suffer from any physical defect that would make it unsafe for you to possess and use a firearm safely and responsibly?

7. ☐ Yes ☐ No Have you been found negligent in any firearm related mishap causing death or injury to another person?
8. ☐ Yes ☐ No Have you provided accurate and true facts on this application?
9. ☐ Yes ☐ No Have you ever been dishonorably discharged from the U.S. Armed Forces?
10. ☐ Yes ☐ No Were you a citizen of the United States who has renounced his or her citizenship?
11. ☐ Yes ☐ No Are you legally blind? (Legally blind means your vision is not impaired more than 20/200 visual acuity in the better eye, or your vision cannot be improved to be better than 20/200, or you do not have a loss of vision due wholly or in part to impairment of field vision or to other factors which affect the usefulness of vision to a like degree. If the Firearms Registration Section determines there are reasonable grounds to believe that the certification provided is not accurate, you may be required to obtain a certification from a licensed optometrist that you meet the vision requirements as stated above.)
12. ☐ Yes ☐ No Have you been convicted of two or more violations for driving under the influence within the past five years?
13. ☐ Yes ☐ No Have you been the subject of a civil protection order within the past five years?
14. ☐ Yes ☐ No Have you been convicted of a misdemeanor intrafamily offense?
15. ☐ Yes ☐ No Are you an alcoholic, addict, or habitual user of a controlled dangerous substance?

If you answer yes to any of the next five questions, you must attach the additional documentation as described on the Instructions form.

16. ☐ Yes ☐ No Are you seeking to register a pistol concurrently with this application?
17. ☐ Yes ☐ No Do you currently suffer – or have you suffered in the past five years – from any mental illness or condition that creates a substantial risk that you are a danger to yourself or others?
18. ☐ Yes ☐ No Do you have a bona fide residence in the District of Columbia?
19. ☐ Yes ☐ No Do you have a bona fide place of business in the District of Columbia?
20. ☐ Yes ☐ No Do you have a bona fide residence or place of business in the United States and are licensed to carry a concealed pistol by another State?

Firearms Training Background

1. Have you completed at least 16 hours of training from an MPD-certified firearms training instructor?
☐ Yes ☐ No
2. Have you completed at least two hours of range training from an MPD-certified firearms training instructor?
☐ Yes ☐ No
3. Have you completed training in District of Columbia laws on firearms and self-defense? (There is no exemption from this requirement.)
☐ Yes ☐ No

If you answered “Yes” to all three questions above, you can skip the next three questions.

4. Are you requesting an exemption from the firearms training course requirements in either Question 1 or 2 above?
☐ Yes ☐ No
5. Which requirement(s) are you requesting an exemption:
☐ 16 hours of firearms training ☐ 2 hours of range training
6. If you answered “No” to Question 4, do you intend to complete the firearms training requirements within 45 days if your application is preliminarily approved by MPD?
☐ Yes ☐ No
-

Basis for Request for a Concealed Carry Pistol

Under District law, an applicant must demonstrate that either they have good reason to fear injury to himself or herself or property or they have another proper reason for carrying a concealed pistol.

Please check the box below that is the basis of your application and attach the additional documentation as described on the Instructions form.

- ☐ **Good reason to fear injury to person or property:** You fear injury to yourself and can show a special need for self-protection, such as evidence of specific threats or previous attacks which demonstrate a special danger to your life.
- ☐ **Other proper reason to carry a concealed pistol:** Your employment requires that you handle large amounts of cash or valuables that you must transport on your person. Or you are the adult member of a family that needs to provide protection for a family member who is physically or mentally incapacitated to a point where he or she cannot act in defense of himself or herself or his or her property.

Authorization to Disclose Mental Health Records

If you checked “Yes” on Question 17 on page 2 of this application, you must authorize the D.C. Department of Behavioral Health, or any other similar agency or department of another state, to disclose to the Metropolitan Police Department information on whether you: (1) Suffer from a mental disorder and have a history of violence; or (2) Have been voluntarily or involuntarily committed to a mental health facility or an institution that provides treatment or services for individuals with mental disorders.

By signing here, you hereby make the authorization stated in the preceding paragraph.

Applicant's signature

Date

Applicant Affirmation

In signing this Concealed Carry Pistol License Application, I am affirming under oath each of the following declarations:

- I have provided true and accurate information in this document and any supporting documents attached to this application.
- I understand that any knowing material omission or false statement made by or provided by me as part of this application may be considered grounds for denial of a concealed carry license or revocation for a license falsely obtained.
- I understand that making a false statement is punishable by criminal penalties under D.C. Official Code § 22-2405.
- I am not prohibited under federal or District of Columbia law (or the law of the state of my residence) from possessing a firearm.
- I shall be responsible for compliance with all federal and District of Columbia laws, rules, regulations, and procedures that are applicable to a Concealed Carry Pistol License.

Applicant's signature

Date



Concealed Carry Pistol License Application

Basis for Request for a Concealed Carry Pistol

Metropolitan Police Department • Firearms Registration Section • 300 Indiana Avenue, NW
Washington, DC 20001 • 202-727-4275

Applicant Information

Last Name

First Name

Middle Name

Home Street Address

City

State

ZIP Code

District of Columbia law requires you to demonstrate either that: (1) you have good reason to fear injury to yourself or your property; or (2) you have another proper reason for carrying a concealed pistol.

Demonstration of Good Reason to Fear Injury to Person or Property

To demonstrate a good reason to fear injury to yourself, you must:

- Show a special need for self-protection distinguishable from the general community, as supported by evidence of specific threats or previous attacks which demonstrate a special danger to your life.
- Allege serious threats of death or serious bodily harm, any attacks on yourself, or any theft of property from your person.
- Allege that the threats are of a nature that the legal possession of a pistol is necessary as a reasonable precaution against the apprehended danger.
- Provide all evidence of contemporaneous reports to the police of such threats or attacks, and disclose whether or not you made a sworn complaint to the police or the courts of the District of Columbia concerning any threat or attack.

Pursuant to District of Columbia law, the fact that you live or work in a high crime area shall not by itself establish a good reason to fear injury to yourself or your property for the issuance of a concealed carry license.

You can also include any supporting statements from third parties, **but the statements must be made under oath and before a notary.**

Demonstration of Other Proper Reason for a Concealed Carry License

This may include: (1) employment of a type that requires the handling of large amounts of cash or other highly valuable objects that must be transported on your person; or (2) the need for you to provide protection of a family member who is physically or mentally incapacitated to a point where that family member cannot act in defense of himself or herself, or his or her property. You can include any documents (such as police reports or court documents) and/or personal statements to demonstrate that you have a proper reason to be issued a Concealed Carry License.

You may provide a separate document with your personal statement or you may use the reverse side of this document. If you use the reverse side of this document to have a third party provide their statement, their statement must be made under oath, before a notary, and signed by the notary, including the notary's seal.

Statement

Name of person applying for a Concealed Carry Pistol License: _____

Name of Person providing this statement: _____

Signature of person providing this statement: _____

Date: _____