

Concealed Carry Pistol License Application

Metropolitan Police Department

Firearms Registration Section · 441 4th Street, NW, Room 550 South · Washington, DC 20001 · 202-727-4275

Applicant Information

Last Name Home Street Address			First Name City		Middle Nam	Middle Name	
					State	ZIP Code	
Occupation	/Name of Bu	siness					
If Applying	as a Business	Owner: Busines.	s/Occupation Stre	eet Address City	State	ZIP Code	
Home Phone Number			Work Phone Number		Email i	Email Address	
Date of Birth (mm/dd/yyyy)			Place of Birth		Social Sec	Social Security Number	
Driver's Lice	ense State & I	D Number or Ot	her Government-	Issued Photo Identi	fication Description	n & ID Number	
Sex	Race			Weight	Eye Color	Hair Color	
Statem	ent of Eli	gibility					
Please an	swer each o	f the following	g questions by	marking the app	ropriate box.		
1. □ 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)? (D.C. Official Code § 7-2502.08)					
2. □ Yes	□ No	Are you under indictment for a crime of violence or a weapons offense?					
3. □ 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?					
4. □ 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?					
5. □ Yes	□ No	Have you been voluntarily or involuntarily committed to any mental hospital or institution within the past five years?					
6. □ 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?					

	'es □ No	Have you provided accurate and true facts on this application?
9. □ Ye	es □ No	Have you ever been dishonorably discharged from the U.S. Armed Forces?
10. □ Y	'es □ No	Were you a citizen of the United States who has renounced his or her citizenship?
11. □ Y	'es □ No	Are you legally blind? (Legally blind means totally blind. 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. □ Y	'es □ No	Have you been convicted of two or more violations for driving under the influence within the past five years?
13. □ Y	'es □ No	Have you been the subject of a civil protection order within the past five years?
14. □ Y	'es □ No	Have you been convicted of a misdemeanor intrafamily offense?
15. □ Y	'es □ No	Are you an alcoholic, addict, or habitual user of a controlled dangerous substance?
	-	to any of the next five questions, you must attach the antation as described on the Instructions form.
16. □ Y	'es □ No	Are you seeking to register a pistol concurrently with this application?
17. □ Y	'es □ 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. □ Y	'es □ No	Do you have a bona fide residence in the District of Columbia, or in the United States? (You must provide two proofs of residence)
19. □ Y	'es □ No	Do you have a bona fide place of business in the District of Columbia?
19. □ Yo 20. □ Yo		Do you have a bona fide place of business in the District of Columbia? 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?
20. □ Y	'es □ No	Do you have a bona fide residence or place of business in the United States and
20. 🗆 Yo	rms Traii	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? Ining Background Deleted at least 16 hours of training from an MPD-certified firearms training instructor?
20. 🗆 Ye	rms Train	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? Ining Background Deleted at least 16 hours of training from an MPD-certified firearms training instructor? □ Yes □ No
20. 🗆 Your Fireal 1. Have 2. Have	rms Train	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? Ining Background Deleted at least 16 hours of training from an MPD-certified firearms training instructor?
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20. 🗆 Your Fireal 1. Have instant 3. Have	rms Train ve you comp tructor? ve you comp emption from	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? Ining Background Deleted at least 16 hours of training from an MPD-certified firearms training instructor? Yes No eleted at least two hours of range training from an MPD-certified firearms training Yes No eleted training in District of Columbia laws on firearms and self-defense? (There is no
Fireal 1. Have instance and execution and the properties of the p	rms Train ve you comp tructor? ve you comp emption from	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? Ining Background Deleted at least 16 hours of training from an MPD-certified firearms training instructor? Yes No eleted at least two hours of range training from an MPD-certified firearms training Yes No eleted training in District of Columbia laws on firearms and self-defense? (There is no in this requirement.)
20. 🗆 Your Fireal 1. Have instance 2. Have instance 2. Have instance 2. Have exected 4. Area or 2. 5. What is a second control of the contro	rms Train ve you comp tructor? ve you comp emption from If you answ e you reques 2 above? hich requirer	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? Ining Background Detected at least 16 hours of training from an MPD-certified firearms training instructor? Yes No eleted at least two hours of range training from an MPD-certified firearms training Yes No eleted training in District of Columbia laws on firearms and self-defense? (There is no in this requirement.) Yes No ered "Yes" to all three questions above, you can skip the next three questions.

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.

Applicant's signature	Date
Applicant Affirmation	
In signing this Concealed Carry Pistol License following declarations:	Application, I am affirming under oath each of the
 attached to this application. I understand that any knowing mater as part of this application may be con revocation for a license falsely obtain I understand that making a false state Code § 22-2405. I am not prohibited under federal or residence) from possessing a firearm. I shall be responsible for compliance 	ement is punishable by criminal penalties under D.C. Officia District of Columbia law (or the law of the state of my
Applicant's signature	Date