



# 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

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

Please answer each of the following questions by marking the appropriate 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?

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 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. ☐ 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, or in the United States? **(You must provide two proofs of residence)**
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?

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## Firearms Training Background

- Have you completed at least 16 hours of training from an MPD-certified firearms training instructor?  
☐ Yes ☐ No
- Have you completed at least two hours of range training from an MPD-certified firearms training instructor?  
☐ Yes ☐ No
- 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.**

- Are you requesting an exemption from the firearms training course requirements in either Question 1 or 2 above?  
☐ Yes ☐ No
  - Which requirement(s) are you requesting an exemption:  
☐ 16 hours of firearms training ☐ 2 hours of range training
  - 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
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## 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.

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Applicant's signature

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Date

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## 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.

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Applicant's signature

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Date