



# Concealed Carry Pistol License Renewal Application

## Metropolitan Police Department

Firearms Registration Section · 300 Indiana Avenue, room 3058, 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</i>          |               |                  |                   |
| _____   | _____                    | _____                         |               |                  |                   |
| <i>Date of Birth (mm/dd/yyyy)</i>   | <i>Place of Birth</i>    | <i>Social Security Number</i> |               |                  |                   |
| _____   | _____                    | _____                         |               |                  |                   |
| _____   |                          |                               |               |                  |                   |
| <i>Driver's License State &amp; ID Number or Other Government-Issued Photo Identification Description &amp; 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.

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)?
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 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?
16.  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?

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### **Authorization to Disclose Mental Health Records**

If you checked “Yes” on Question 16 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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## Firearms Training Background

1. Have you completed a recertification class consisting of 4 hours of training, and two hours of range training from an MPD-certified firearms training instructor?
- Yes                       No

## Applicant Affirmation

In signing this Concealed Carry Pistol License Renewal 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.
- I agree to allow the Metropolitan Police Department to conduct a criminal history records check based on my personal information.

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Applicant's signature

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Date