

APPLICATION FOR IOWA PERMIT TO CARRY WEAPONS

TYPE OF PERMIT (check only one)

- | | |
|---|---|
| <input type="checkbox"/> Resident Nonprofessional Permit
<input type="checkbox"/> Resident Professional Permit
<input type="checkbox"/> Nonresident Professional Permit | <input type="checkbox"/> Peace Officer Permit Badge # _____
<input type="checkbox"/> Reserve Peace Officer Permit
<input type="checkbox"/> Correctional Officer Permit |
|---|---|

- New
 Duplicate
 Renewal
- Permit Number _____ Permit Expiration _____ / _____ / _____
Month Day Year
- NOTE: Renewal applications must be received by the issuing officer within 30 days prior to the expiration of the applicant's current permit or within 30 days after expiration of the applicant's prior permit.*

NAME _____ **DATE OF BIRTH** _____ / _____ / _____
Last First Middle Month Day Year

SEX (circle one) **MALE** **FEMALE** **SOCIAL SECURITY NUMBER (optional)** _____ - _____ - _____

RESIDENCE ADDRESS Number _____ Street _____ Apt/Unit # _____ City _____ State _____ Zip Code _____

- MAILING ADDRESS** Same as residence address (skip mailing address section below)
 Different than residence address (complete mailing address section below)

MAILING ADDRESS Number _____ Street (or PO Box number) _____ Apt/Unit # _____ City _____ State _____ Zip Code _____

COUNTRY OF CITIZENSHIP _____ **IF NOT U.S. CITIZEN: USCIS, ARN, OR I-94 ADMISSION NUMBER** _____

DRIVER'S LICENSE OR NON-OPERATOR ID # _____ **DRIVER'S LICENSE OR ID STATE OF ISSUANCE** _____

PRIMARY PHONE _____ **ALTERNATE PHONE (optional)** _____

ALIASES (list all other names ever used) _____

TRAINING

- | | |
|---|---|
| <input type="checkbox"/> Handgun safety training course utilizing instructor certified by the National Rifle Association

<input type="checkbox"/> Handgun safety training course utilizing instructor certified by a state law enforcement agency

<input type="checkbox"/> Completion of law enforcement agency firearms training course that qualifies a peace officer to carry a firearm

<input type="checkbox"/> Completion of a hunter education program approved by the Natural Resource Commission, if handgun safety training is noted on the certificate of completion | <input type="checkbox"/> Armed forces small arms training (for those released or retired from Active Duty) - requires documentation of honorable discharge OR general discharge under honorable conditions (DD-214, DD-256, NGB-22, or similar)

<input type="checkbox"/> Armed forces small arms training (for those on Active Duty) - requires certificate of completion of basic training or similar

<input type="checkbox"/> Handgun safety training course for security guards, investigators, or special deputies if such course has been approved by the Iowa Department of Public Safety |
|---|---|
- TRAINING EXEMPT** – Documentation that applicant holds or held an Iowa Permit to Carry Weapons issued on or after 01/01/2011

PERMIT ELIGIBILITY

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have charges pending for a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever been convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been adjudicated delinquent for an offense that would be a felony if committed by an adult? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of an offense involving a firearm or explosive that is classified as a misdemeanor AND is punishable by more than one year of imprisonment (such as an Iowa aggravated misdemeanor)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you been convicted within the previous three years of an aggravated misdemeanor OR serious misdemeanor offense under Iowa Code Ch. 708, including but not limited to assault, intimidation, harassment, hazing, or stalking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been convicted of a misdemeanor crime of domestic violence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you subject to a court order restraining you from harassing, stalking, or threatening your intimate partner, your child, or the child of your intimate partner? |

YES NO

- 8. Are you currently on probation for any offense? IF YES list the offense for which you are serving probation: _____
- 9. Are you a fugitive from justice?
- 10. Have you been dishonorably discharged from the Armed Forces?
- 11. Have you ever renounced your United States citizenship?
- 12. Have you unlawfully used any controlled substance in the previous 12 months?
- 13. Are you currently addicted to the use of alcohol?
- 14. Has a court, board, commission, or other lawful authority ever found you to be a danger to yourself or others?
- 15. Has a court, board, commission, or other lawful authority ever ordered you to receive treatment for mental health reasons, or for other reasons, such as drug abuse?
- 16. Has a court, board, commission, or other lawful authority ever found you to be incompetent to conduct your affairs?
- 17. Have you ever been found incompetent to stand trial for any offense?
- 18. Have you ever been found not guilty by reason of insanity for any offense?
- 19. Are you a citizen of the United States?

COMMENTS Please provide relevant information about your responses to questions 1-19, such as having been granted a pardon, a special restoration of citizenship with firearms rights, an order granting "Relief from Disabilities," or other relevant information:

Authorization for Release

I, (print name here) _____, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code Ch. 724 and Iowa Administrative Code 661—Ch 91, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my qualification for obtaining a permit to carry weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that information provided on this form is generally confidential and may be released as provided by law. I certify that all information, including supporting documentation, provided in this application is true and correct, and I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10(3) if I make what I know to be a false statement of material fact on this application or if I submit what I know to be any materially falsified or forged documentation in connection with this application.

APPLICANT SIGNATURE _____ DATE ____/____/____
Month Day Year

EMPLOYER AUTHORIZATION (required for Professional, Peace Officer, Reserve Officer, and Correctional Officer Permit only)

EMPLOYER _____

ADDRESS _____
Number Street Suite # City State Zip Code

NAME OF REPRESENTATIVE OF EMPLOYER _____
Last First Middle

EMPLOYMENT JUSTIFICATION (e.g. peace officer, armed security, etc.) _____

EMPLOYER SIGNATURE _____ DATE ____/____/____
Month Day Year

ISSUING OFFICER (Iowa Sheriff or Commissioner of Public Safety)

APPLICATION APPROVED DENIED DATE ____/____/____
Month Day Year

IF DENIED, REASON FOR DENIAL _____

Sheriff of _____ County, Iowa
 Commissioner of the Iowa Department of Public Safety SIGNATURE _____

WRITTEN DENIAL NOTICE PROVIDED BY Personal Service Mail DATE OF NOTICE ____/____/____
Month Day Year