STATE OF IDAHO CONCEALED WEAPONS LICENSE APPLICATION										
COUN	TY OF	ISSUE	Application Type: Initial Renewal License: 18-3302 Concealed 18-3302K Enhanced Concealed							
Last Name First Name and Middle Initial				Date of Birth	Place of	Place of Birth SSN (optional)			(optional)	
Aliases	: Any r	ame used or kno	wn by	Sex	Weight	Heigh	ıt	Hair		Eyes
Addres	S		D/L or ID Ca	L or ID Card Number Military Status						
City, S	_		Country of Citizenship Alien or Admission Number					Number		
weapor	ns and om po uted in	firearms differ. ssessing a wear federal court.	state laws on the possession of If you are prohibited by federal pon or a firearm, you may be A state permit is not a defense to Code, 18 USC Sec. 921-922, the following ful users of or are addicted to narcotion mitted to a mental institution; persoding one (1) year; persons who are y veterans discharged under dishonor bject to a court order that restrains the ersons convicted in any court of misde	List all firearms training including the date completed: lowing persons are prohibited from receiving a firearm: fugitives from ics or any other controlled substances; persons adjudicated as a mental sons who have been convicted in any court of a crime punishable by under indictment for a crime punishable by imprisonment for a term brable conditions; persons who have renounced U.S. citizenship; aliens tem from harassing, stalking, or threatening an intimate partner or child temeanor crime of domestic collence.						
APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS										
YES	NO	(check appropriate box)								
		Are you under twenty-one (21) years of age?								
		Have you been a legal resident of the state of Idaho for at least six (6) consecutive months, or hold a current concealed weapons license or permit in the state of residency, before filing this application? (For Enhanced Concealed Carry only)								
		Are you formally charged with a crime punishable by imprisonment for a term exceeding one (1) year?								
		Have you ever been adjudicated guilty in any court of a crime punishable by imprisonment for a term exceeding one (1) year?								
		Are you a fugitive from justice?								
		Are you an unlawful user of or addicted to marijuana or any depressant, stimulant or narcotic drugs, or any other controlled substance as defined in 21 U.S.C. 802?								er
		Are you currently suffering from or have you been adjudicated as having suffered from any of the following conditions, based on substantial evidence: (1) lacking mental capacity as defined in Section 18-210, Idaho Code; (2) mentally ill as defined in Section 66-317, Idaho Code; (3) gravely disabled as defined in Section 66-317, Idaho Code; or (4) an incapacitated person as defined in Section 15-5-101, Idaho Code?								tally ill as
		Have you been discharged from the armed forces under dishonorable conditions?								
		Have you received a period of probation after having been adjudicated guilty of, or received a withheld judgment for a misdemeanor offense that has an element of intentional use, attempted use or threatened use of physical force against the person or property of another and NOT successfully completed probation?								
		Are you an alien illegally in the United States?								
		Have you, having been a citizen of the United States, renounced your citizenship?								
		Are you free on bond or personal recognizance pending trial, appeal or sentencing for a crime which disqualifies you from obtaining a concealed weapon license?								
		Are you a respondent to a protection order issued under chapter 63, title 39, Idaho code or a similar order in another jurisdiction?								
		Have you ever been convicted in any court of a misdemeanor crime of domestic violence?								
Are you eligible to own, possess or receive a firearm under Idaho and federal law?										
Under	penalt	y of Idaho Code	during the past ten (10) years: 18-3302 C (2), I certify I have read may take a minimum of ninety (90)			m and m	y statei	nents so	et fort	h are true
SIGNA	TURE	OF APPLICAN		I	DATE					
Do not write in this space ☐ This applicant has provided completion documentation of the required training for the license type. ☐ Approved ☐ Denied Reason for denial										
SIGNATURE OF SHERIFF OR DESIGNEE DATE										