



2960 Dory Hill Road - Suite 300
Black Hawk, CO 80422

GCSO Permit No. _____
Office Use Only

Permit Expires: _____

WARNING: The information you provide will be verified. Providing false information on this application constitutes a criminal offense for which you may be prosecuted. Print or type all information except signatures.

Initial Permit: \$100.00 Payable to Gilpin County Sheriff's Office (Cash or Personal Check)
\$52.50 Certified Funds Payable to Colorado Bureau of Investigation

Renewal: \$50.00 Payable to Gilpin County Sheriff's Office (Cash or Personal Check)
\$13.00 Certified Funds Payable to Colorado Bureau of Investigation

Form with fields: Type of Permit Requested (Initial, Temporary/Emergency, Renewal), Applicant's Name, Other Names, Social Security Number, Colorado County of Residence, Current Home Address, City/State/Zip, Mailing Address, Length of Time at Current Residence, etc.

* Social Security number is voluntary, but may assist in the background investigation...
** If not a Colorado resident, please explain in a separate attachment why you need a permit...
*** Voluntary. This information will help us contact you if necessary to complete the application process.

Applicant History: If you answer "yes" to questions one through fourteen, provide a detailed explanation on a separate sheet and attach it to this form. Where applicable, the information provided must include dates, location, etc.

- 1. Have you been treated for alcoholism within the last ten years or ever been involuntarily committed as an alcoholic?
2. Have you had two or more alcohol related convictions within the past ten years?
3. Have you ever been convicted of perjury under C.R.S. Section 18-8-503?
4. Are you currently the subject of either a criminal or civil restraining order?
5. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year?
6. Have you been convicted in any court of a felony, or attempt or conspiracy to commit a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?
7. Are you a fugitive from justice?
8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug or controlled substance?
9. Have you ever been adjudicated mentally defective (which includes being adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?
10. Have you ever been convicted in any court of a misdemeanor crime of domestic violence as defined in the code of Federal Regulations, subpart 178.11?
11. Have you ever been adjudicated as a juvenile for a crime that would constitute a felony if committed by an adult or attempt or conspiracy to commit a felony, under any state law or federal law?
12. Have you ever been discharged from the Armed Forces under dishonorable conditions?
13. Have you ever renounced your United States citizenship?

Applicant History:

If you answer "yes" to questions two through thirteen, provide a detailed explanation on a *separate* sheet and attach it to this form. Where applicable, the information provided must include dates, location, etc. Reference your explanations by preceding each with the number of the pertinent question. Print or type all information. Attachments must be clearly legible.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you been treated for alcoholism within the last ten years or ever been involuntarily committed as an alcoholic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had two or more alcohol related convictions within the past ten years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been convicted of perjury under C.R.S. Section 18-8-503? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you currently the subject of either a criminal or civil restraining order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been convicted in any court of a felony, or attempt or conspiracy to commit a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you a fugitive from justice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug or controlled substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever been adjudicated mentally defective (which includes being adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever been convicted in any court of a misdemeanor crime of domestic violence as defined in the code of Federal Regulations, subpart 178.11? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever been adjudicated as a juvenile for a crime that would constitute a felony if committed by an adult or attempt to or conspiracy to commit a felony, under any state law or federal law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you ever been discharged from the Armed Forces under dishonorable conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you ever renounced your United States citizenship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are you an alien illegally in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are you a nonimmigrant alien, as defined in the code of Federal Regulations, subpart 178.11? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PROOF OF FIREARMS TRAINING

Please check one pertaining to your application submittal.

- A training certificate from a handgun training class (as defined in C.R.S. 18-12-202.5) obtained within the ten years preceding submittal of this application. It must be the original training certificate or a photocopy that includes the original signature of the class instructor.
- Proof of honorable discharge from a branch of the United States Armed Forces (DD214) within the three years preceding submittal of this application.
- Proof of honorable discharge from a branch of the United States Armed Forces (DD214) that reflects pistol qualifications obtained within the ten years preceding submittal of this application.
- Evidence that, at the time this application is submitted, the applicant is a certified instructor.
- Evidence of experience with a firearm through participation in organized shooting competitions or current military service.
- A certificate showing retirement from a Colorado Law Enforcement Agency that reflects pistol qualifications obtained within the ten years preceding submittal of this application.

NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER

NOTE TO RECIPIENT: A PHOTOCOPY REPRODUCITON OF THE SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES. THE ORIGINAL OF THE FORM WILL REMAIN IN THE SHERIFF'S OFFICE CONCEALED WEAPONS FILES.

Handguns have been classified by both Federal and Colorado Law as deadly weapons. They are capable of causing death, serious injury, and property damage. I certify I have read and understand the information provided in the application packet and the attached Colorado Revised Statues pertaining to the use of deadly physical force, and agree that any violation will be cause for revocation of this permit.

By issuing this permit, the issuing County Sheriff, Sheriff's Office County, County Sheriff's of Colorado and employees shall not be held liable or responsible for the manner in which the permit holder uses the concealed handgun or the result of said use, including, but not limited to, the death of, or injury to, any person or damage to any property resulting either directly or indirectly from the intentional, reckless, negligent or accidental discharge of a handgun, or any criminal acts committed by the permit holder involving the use of the concealed handgun. Furthermore, the issuing County Sheriff's Office in no way stands a Warrantor or Guarantor of the structural, mechanical, or functional fitness of the concealed handgun for any purpose whatsoever.

By signing this application, I acknowledge and accept the terms contained in the Notice of Disclaimer. I hereby certify that all statements made by me in the completion of this application are, to the best of my knowledge, accurate and true. I understand that any false answer (deceitfully made) or any fraud whatsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit are subsequently discovered, such fraud and/or deceit will become grounds for rejection of the application and may result in criminal charges.

I fully understand that the issuing County Sheriff's Office conduct a background investigation of all applicants who are being considered for a concealed handgun permit. This investigation includes, but is not limited to, an investigation of military, police, driving records, mental health records, and character.

I hereby authorize any person who is contacted by the issuing County Sheriff's Office personnel to release any information to the issuing County Sheriff's Office pertaining to the background investigation including, but not limited to, military, police, driving records and character for use by the issuing County Sheriff's Office in the consideration of my application.

Pursuant to C.R.S. 27-10-120(1)(b), I hereby authorize any person who is contacted by the issuing County Sheriff's Office personnel to release any information obtained and records prepared in the course of providing any services under the Care and Treatment of the Mentally Ill Act (C.R.S. 27-10-101, et. seq.) to the Sheriff's Office in the consideration of my application for a concealed handgun permit.

I further agree to release and hold harmless the Issuing County Sheriff's Office, its agencies, elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the issuing County Sheriff's Office in the consideration of my application.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claims or liability set forth herein shall survive the termination of the agreement.

Applicants Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 200_____.

Witness my hand and official seal. _____ My Commission Expires _____
Notary Signature

APPROVED
 Sheriff Approval (Signature): _____ Date: _____

DENIED
 Application Denied on (date) _____ by (Sheriff Signature) _____

Reason for denial: _____

APPEAL
 Appeal Received on (date) _____ Appeal Reviewed by: _____

Final Appeal Decision: _____ Final Denial: _____ Permit Issued: _____