

**MOFFAT COUNTY SHERIFF'S OFFICE
CONCEALED HANDGUN PERMIT APPLICATION**

_____ New Permit \$65.00 fee

_____ Renewal Permit \$20.00 fee

Name: _____
Last First Middle name

Other Names (nickname, maiden name, AKA's, etc): _____

Date of Birth / / **Social Security:** _____ - _____ - **Height** (ft) (in) **Wt**

Gender: M / F **Eye Color:** _____ **Hair:** _____ **Place of Birth:** _____

Driver's License Number: _____ **State Issued:** _____

Are you a US Citizen? ___ Yes No

Race (please circle one): African American, Caucasian, Hispanic, Asian, Other: _____
(Please specify)

Home Address: (include physical and mailing address)

Address City Zip Code

Length of time at current address: yrs _____ **Home telephone number: (970)** _____

If less than 10 years at this address, list previous address: _____

Spouses Name (if applicable): _____

Are you a resident of Moffat County? Yes / No

Have you ever been issued a Permit to carry a concealed weapon in another city or state? Yes / No. If yes please indicate city and State _____

EMPLOYMENT INFORMATION

Current Employer: _____ **Occupation:** _____

Employers Address City Zip Code

Work Telephone Number: () - _____ **ext:** _____

CRIMINAL HISTORY:

(Use extra paper if necessary)

1). Are you now the subject of either a criminal or civil restraining order? Y / N. If yes, please provide circumstances, charges and disposition. _____

2). Have you ever been detained, questioned, charged, arrested for any crime? Y / N. If yes, please provide circumstances including arresting agency, date, charges and disposition: _____

3). Have you ever been charged with Domestic Violence? Y / N . If yes, please explain in detail:

4). Are you presently on bail bond as a result of a criminal charge having been tiled against you? Y / N . If yes, please explain in detail: _____

5). Are you now, or have you ever been on probation, received deferred prosecution or deferred sentence? Y / N. If yes, please explain in detail: _____

6). Have you ever had any license or permit of any kind (liquor, gaming, driver's etc.) Suspended, denied, or revoked by any Federal, State or Local Agency? Y / N . If yes, please explain in detail: _____

7). Have you ever used any illegal drugs, including amphetamines, depressants, tranquilizers, cocaine, etc.? Y / N . If yes, please explain: _____

8). To what extent do you use alcoholic beverages: _____

9). Have you ever been treated for alcoholism? Y / N . If yes, please give name and location of the hospital or institution and dates of treatment or commitment. _____

10). Have you been treated for any emotional or mental health disorder? Y / N . If yes, please explain in detail the nature of the disorder, name and location of hospital or institution, identify the attending physician and dates of treatment: _____

MILITARY SERVICE

If applicable, what branch did/do you serve: _____ Military Status: _____

Have you ever been subject of demotion or disciplinary action while in the Military service? Y / N If yes, please explain _____

NOTICE OF DISCLAIMER

Handguns have been classified by both Federal and Colorado law as deadly weapons. They are capable of causing death, serious injury, and property damage. The applicant **must read and understand** the attached Colorado Revised Statutes pertaining to the use of deadly physical force, and agree that any violation will be cause for revocation of this permit.

I further understand that if I receive a Concealed Handgun permit it is my responsibility to inform the Moffat County **Sheriff's** Office of any law enforcement contact that results in my arrest or a criminal summons (except **traffic** infractions) being issued to me. Furthermore, I understand that failure to notify the Moffat County **Sheriff's** Office within five (5) days of the incident will result in automatic revocation of the concealed handgun permit.

By issuing this permit, the County of Moffat, the Moffat County **Sheriff's** Office, Moffat County Deputies and employees shall not, in any manner, be held liable or responsible for the manner in which the permittee uses the concealed handgun or the results 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 permittee involving the use of the concealed handgun.

Furthermore, the Moffat County **Sheriff's** Office in no way stands as Warrantor or Guarantor of the structural, mechanical, or functional fitness of the concealed weapon for any purpose whatsoever.

By signing this application you, the permittee, understand, 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 and recollection, 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 is subsequently discovered, such fraud and/or deceit will become grounds for rejection of this application.

Signature of applicant: _____

Date: _____

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

Witness my hand and official seal. My commission expires on: _____

Notary Public

PERSONAL INQUIRY WAIVER

To Whom It May Concern:

I fully understand that the Moffat County **Sheriff's** Office conducts a background investigation of all applicants who are being considered for a concealed weapons 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 Moffat County Sheriff's Office personnel to release any information to the Moffat County Sheriff's Office pertaining to the background investigation including, but not limited to, military, police, driving records, and character for use by the Moffat County Sheriffs Office in the consideration of my application.

Pursuant to section 27-10-120 (1) (b), C.R.S., I hereby authorize any person who is contacted by the Moffat County Sheriffs 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 (Sections 27-10-101, et seq., C.R.S.) to the Moffat County Sheriffs Office in the consideration of my application for a concealed handgun permit.

I further agree to release and hold harmless the County of Moffat, it's 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 Moffat County **Sheriff's** Office in the consideration of my application.

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

Date

Applicant's Signature

NOTE TO RECIPIENT: A PHOTOCOPY OF THIS 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 THIS FORM WILL REMAIN IN THE SHERIFF'S OFFICE CONCEALED WEAPONS FILES.

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

Witness my hand and **official** seal. My commission expires: _____

Notary Public