銃器(ワシントン州)

MFG. BY KAYE SMITH BUSINESS GRAPHICS (206) 228-8600 (1-800-822-9987)

CONCEALED PISTOL LICENSE

						- \			FOR VALIDATION ONLY		
	Ш	Original Li	cense i	tee-\$36	3.00 (b years)	•				
		Renewal L	icense	fee-\$3	2.00	(5 years)	1				
	Renewal License fee-\$32.00 (5 years) Late renewal & late penalty fee-\$42.00					• •		1			
						36-242.00	J				
	Replacement fee-\$10.00										
	FBI fingerprint fee-\$24.00										
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	NOTE TO WHENEV MUST BE DEMAND.	LICENSEE: ER CARRYING A CON E CARRIED AND EXI	NCEALED PIST HIBITED TO A	TOL. THIS WAL	LET-SIZE I	CENSE Y UPON		LICENSE ISSU	E DATE		
		(PLEASE PR	RINT OR US	SE TYPEW	RITER)			HOLIB			
11		LICENSE NUMBE	R □oR	IIGINAL		PIRES		HOUR			
		Value		NEWAL.	MO. 0	AY YR.					
1	REPLACEMENT					NOTE ANY DISTINGUISHING MARKS WHICH WILL AID IN IDENTIFICATION OF APPLICANT					
1_1	STATE OF WASHINGTON										
ON PERSON											
A P											
l% M	RESIDENTIAL STREET ADDRESS										
SIGN ABOVE AND CARRY											
ANO	CITY STATE ZIP CODE					ZIP CODE					
BOK	5						(TYPE)		(LOCATION)		
NS I	DRIVER LICENSE NO. OR STATE ID RACE						_				
S	5						PREVIOUS LIC	ENSE NUMBER	EXP. DATE		
	8/R	THDAY SEX	WEIGHT	HEIGHT	EYES	HAIR	NAME LISTED ON		DATE OF BIRTH ON		
17	1	1					PREVIOUS LICENSE	<u> </u>	PREVIOUS LICENSE		
10	MONTH	DAY YEAR MorF	LBS. (FOLD HER	FT. INCHES	COLOR	COLOR					
		DESCRIBED HEREO	N IS LICENSE	D TO CARRY		D PISTOLS AS			•		
		Y LAW UNTIL THE EXF	PIRATION DATE	E SHOWN ABO	VE.						
ISS	UING AG	ENCY							FOR A RENEWAL, IT MUST BE DONE WITHIN 90 DAYS PRIOR TO THE WAL APPLICATIONS MAY BE SUBMITTED WITHIN 1 TO 90 DAYS AFTER		
							EXPIRATION, BUT A	LATE FEE WILL BE ASSES	SED. AFTER 90 DAYS, THE APPLICANT THEN BECOMES AN ORIGINAL TIVE AS OF THE EXPIRATION DATE OF THE PREVIOUS LICENSE.		
ORI	NO.					•	APPLICATION, ALL I	HENEWALS BECOME EFFEC	TIVE AS OF THE EXPINATION DATE OF THE PREVIOUS LICENSE.		
							U.S. CITIZEN	PLACE OF BIRTH			
_											
							YES				
		SIGNATURE	OF LICENS	ING AUTHOR	TITY				(07475)		
EVE	RY LICEN	SEE SHALL HAVE HIS DSSESSION AT ALL TIN	OR HER CON	CEALED PISTO	L LICENSE	IN HIS OR HER	∐ NO	(CITY)	(STATE)		
CON	CEALED	JSSESSION AT ALL TIM PISTOL LICENSE AND ER OR TO ANY OTHER	SHALL DISPI	LAY THE SAME	E UPON DE	YAND TO ANY	ALIEN SIGEÁGAS	ICENSE MILIOCO	EXP DATE		
FAIL	URE TO	O SO IS A CLASS I C	IVIL INFRACTI	ION AND THE	LICENSEE :	SHALL BE PUN-	ALIEN FIHEARMS I	LICENSE NUMBER	EXP. DATE		
ISHE	U ACCOP	DINGLY PURSUANT T	O GRAPIER 7.	OU HUVV.		1					

Local laws and ordinances on firearms are pre-empted by state laws and must be consistent with state law.

CAUTION: Although state and local laws do not differ, federal law and state law on the possession of firearms differ. If you are prohibited by federal law from possessing a firearm, you may be prosecuted in federal court. A state license is not a defense to a federal prosecution.

LICENSING AUTHORITY — HAVE APPLICANT READ AND SIGN THE FOLLOWING:

I certify that I am not ineligible to possess a pistol under RCW 9,41,040 or RCW 9,41,045, and that (1) I have not been convicted in this state or elsewhere of a) any felony offense, b) any domestic violence offense as described in RCW 9,41,040 committed on or after July 1, 1993; (2) I have not been convicted of three violations of chapter 9,41 RCW within five (5) calendar years; (3) I have not been involuntarily committed for mental health treatment pursuant to RCW 71,05,320, 71,34,090, 10,77 or equivalent statute in another jurisdiction, unless my right to possess a firearm has been restored by a court pursuant to RCW 9,41,040(4); (4) I am not under twenty one years of age; (5) I am not subject to a court order or njunction regarding firearms possession; (6) I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a felony offense; (7) I do not have an outstanding warrant for my arrest from any court of competent jurisdiction for a felony or misdemeanor; (8) I have not been ordered to forfeit a firearm under RCW 9.41,098(1)(e) within one (1) ever prior to applying for this concealed pistol license; (9) and my concealed pistol license, if any, is not in a revoked status. I understand that by signing this license I am waiving confidentiality and requesting that the department of social and health services, mental health institutions and other health care facilities release information relevant to my eligibility o purchase a pistol to a court or law enforcement agency. I certify under penalty of perjury, and subject to the criminal penalties set out in RCW 9A,72,040 that the statements and other information set forth in this license are true and correct.

ALL APPLICANTS MUST COMPLETE THIS PAGE APPLICATION FOR A LICENCE UNDER THE FIREARMS ACT (POL)

▓▓▓銃器(カナダ連邦)

PART A: PERSONAL INFORMATION * See instructions on left page.										
1a) Last name		First name	it page.	1c) Middle	пате		2. Languaç	je		
						English French				
3a) Have you ever changed your name (including by marriage)?				3b) Previous last name			<u> </u>	us first name		
- If was indicate	— If we indicate navious names in Royes 3h) and 3c)									
No Yes (Attach a separ	ate page, if ne	ecessary.)					<u> </u>			
4. Gender 5. Eye	colour		6. Height	☐ cm	7. Telephone	number and	time when you	may be contacted		
Male Female			Ì	☐ ft/in	l()	,		eveni		
* 8a) Residence address - Street	Land Locati	on				-	8b) Apt. / (Jnit		
							<u> </u>			
8c) City		8d) Province / S	State	····	8e) Country	у	I	8f) Postal / Zip code		
* 9a) Mailing address (if different from the residence address) - Street / Rural route / PO Box number 9b) Apt. / Unit										
9c) City		9d) Province / S	State		9e) Country	у	<u> </u>	9f) Postal / Zip code		
		ļ								
10a) Date of birth (Y-M-D) 10b) F	Place of birth (City / Province /	State / Country	()				of Canada, in what year		
					"	ere you ad	mitted to Ca	maga r		
12a) Have you ever had a Firearms	Acquisition C	ertificate (FAC) o	or a firearms lic	ence?	12b)	Province o	f issue			
No Yes → If yes, please	-				,					
* 13a) Type of identification		ovince / State / C		ue *13c) Identificati	ion numbe	r			
			•							
PART B: CLASSES OF FIREAR	IS CURRENT	LY OWNED					100			
* 14. Indicate the classes of firear	ms you curre	ently own. (See	instructions f	or definition	ıs.)					
a) Non-restricted firearms										
b) Restricted firearms	In order to	expedite the pro-	cess, please p	rovide the Re	egistration C	ertificate nu	mber of at l	east one of your		
≒ ' +		ľEĎ or PROHÍBľ			-					
c) Prohibited firearms	<u></u>									
d) None										
* PART C: PHOTO GUARANTOR										
(See the page containing the lab	els for comp	lete details on p 15b) Guarantor's	hoto.) : first name	16.7	Telephone num	ber and time	when he/she n	nay be contacted		
Tody Statistics of last flame		roo, Gazrantor e		, ,	۱			☐ day ☐ evenir		
I declare that the photograph on the	hack of whice	h I have printed a	and signed my	name is an a	accurate pict	ure of the a	policant.	□ everiii		
17. Guarantor's signature							18. 0	Date (Y-M-D)		
PART D: PERSONAL HISTORY										
A "YES" answer does not necess: IF YOU HAVE RECEIVED A PARI	arily mean you	r application will	be refused; it i	may lead to f	further exam	ination.	T THAT ITE	· M		
19a) During the past five years, have							1 110-1111			
(i) under the Criminal Code or	the Young O	fenders Act whe	re violence wa:							
(ii) involving the misuse, posse (iii) involving trafficking or impo								Yes No		
19b) During the past five years, have	/e you been s	ubject to a peace	bond or a pro	tection order	?			Yes No		
19c) During the past five years, have	e you or any	member of your l	household bee	n prohibited t	from posses	sing any fir	earm?	Yes No		
19d) During the past five years, hav	ve_you_threate	ned or attempted	l suicide, or ha	ve you been	diagnosed o	or treated b	y a <u>m</u> edical	☐ Yes ☐ No		
practitioner for depression, al	cohol, drug or	substance abus	e, behavioural	problems; or	emotional p	roblems?				
19e) During the past five years, do attempted violence, or other c				olice of socia	services for	r violence,	nreatened o	Yes No		
19f) During the past two years, have you experienced a divorce, a separation, a breakdown of a significant relationship, job loss or bankruptcy?										
	the questio	ns in Part D. n	lease provid	le details o	n a separa	ate page.				
If you answer YES to any of the questions in Part D, please provide details on a separate page. PART STEE CONTROL OF BOX 20a).)										
* 20a) Fee enclosed	20b) Indicate	method of payn	nent. Do not s	end cash. If	you are pay					
F	20b) Indicate		nent. Do not s	end cash. If	you are pay		_			
F	20b) Indicate	e method of payn eiver General.	nent. Do not s tified cheque		oney order] Visa	Master Card		
* 20a) Fee enclosed	20b) Indicate to: Rec	e method of payn seiver General.		<u></u> мо		20e) Sig	nature of cre	Master Card		
* 20a) Fee enclosed	20b) Indicate to: Rec	e method of payn seiver General.		<u></u> мо	oney order	20e) Sig		Master Card		
* 20a) Fee enclosed \$ If paying by credit card, please complete this section.	20b) Indicate to: Rec	e method of payn seiver General.		<u></u> мо	oney order	20e) Sig	nature of cre	Master Card		
* 20a) Fee enclosed \$ If paying by credit card, please complete this section. PART F: APPLICANT DECLARA	20b) Indicate to: Red Cheque 20c) Credit o	e method of payn eliver General. e Cer card number	tified cheque	Mo	oney order) Expiry date	20e) Sig (if	nature of cre different fron	Master Card edit card holder n applicant)		
* 20a) Fee enclosed \$ If paying by credit card, please complete this section. PART F: APPLICANT DECLARA I declare that the informatio	20b) Indicate to: Red Cheque 20c) Credit o	e method of payn eliver General. e Cer card number	tified cheque	Mo	oney order) Expiry date	20e) Sig (if	nature of credifferent from	Master Card edit card holder n applicant)		
* 20a) Fee enclosed \$ If paying by credit card, please complete this section. PART F: APPLICANT DECLARA	20b) Indicate to: Red Cheque 20c) Credit o	e method of payn eliver General. e Cer card number	tified cheque	Mo	oney order) Expiry date	20e) Sig (if	nature of cre different fron	Master Card edit card holder n applicant)		
* 20a) Fee enclosed \$ If paying by credit card, please complete this section. PART F: APPLICANT DECLARA I declare that the informatio	20b) Indicate to: Red Cheque 20c) Credit o	e method of payn eliver General. e Cer card number	tified cheque	Mo	oney order) Expiry date	20e) Sig (if	nature of credifferent from	Master Card edit card holder n applicant)		
* 20a) Fee enclosed \$ If paying by credit card, please complete this section. PART F: APPLICANT DECLARA I declare that the informatio 21. Applicant's signature	20b) Indicate to: Rec	e method of payneriver General. Cercard number this form is true	and correct to	20d) the best of m	oney order Expiry date ny knowledge	20e) Sig (if	nature of credifferent from the photogra	Master Card edit card holder n applicant) ph enclosed is of me.		
* 20a) Fee enclosed \$ If paying by credit card, please complete this section. PART F: APPLICANT DECLARA I declare that the informatio 21. Applicant's signature IT IS AN OFFENCE ETHER ORALL	20b) Indicate to: Rec Cheque 20c) Credit of TION n provided on	e method of payneliver General. Cercard number this form is true	and correct to	the best of n	oney order Expiry date ny knowledge LY MAKE A F	20e) Sign (if a second	nature of credifferent from the photogra (Y-M-D) ISLEADING S OR AUTHOR	Master Card edit card holder n applicant) ph enclosed is of me.		

ONLY APPLICANTS APPLYING FOR ACQUISITION



PRIVILEGES MUST COMPI	ETETHI	S PAGE (PAL)		10-00000						
PART G: SAFETY TRAINING CERTIFICATION				10-00000						
* 23a) Have you passed the Canadian Firearm	s Safety Cou	rse test? Date (Year	····	1	<i>,</i> •					
No Yes If yes →		,		Proc	f attached (if available)					
* 23b) Have you passed the Canadian Restrict	ed Firearms		· · · · · · · · · · · · · · · · · · ·	1						
No Yes If yes ◆		Date (Year		Proc	f attached (if available)					
* 23c) Have you been otherwise certified by the Alcompleted a course approved by the Al	e Chief Firea	rms Officer as meeting the	safety training require	nents or hav	e you successfully					
No Yes If yes, specify →	acting Collins	ar or manicoba ar question		□ Proc	f attached					
PART H: OTHER INFORMATION										
24. If you are a NON-RESIDENT OF CANADA, in	n which provin	ce or territory will you be using	ng your firearm(s) the mo	st?						
* 25 Indicate the reason(s) that you are apply	ing for this fu	rearms licence.								
* 25. Indicate the reason(s) that you are applying for this firearms licence. a) To acquire non-restricted firearms b) To acquire restricted firearms c) To acquire prohibited firearms, including prohibited handguns										
a) 10 acquire non-restricted firearms o) 10 acquire restricted firearms occurred firearms of the acquire profile firearms of the acquire firea										
* PART I: INFORMATION ABOUT SPOUSE / Common-law partner with whom you are cur			NG WITH. Provide Info	rmation on	the spouse or					
Not applicable. I am not living with a spo	ouse or comm	on-law partner.	Barbara Barbara Barbara							
Your spouse or common-law partner will be notified					26c) Date of birth (Y-M-D)					
26a) Spouse or common-law partner's last name		26b) Spouse or common-la	w partiter's first frame		200) Date of birth (1-in-5)					
FOR ANY SAFETY CONCERNS ABOUT THIS APPLIC					26f) Date (Y-M-D)					
	ay vening	26e) Signature of spouse or	common-law partner		201) Date (1-W-D)					
• PART J: INFORMATION ABOUT SPOUSES spouse or common-law partner (other than a	I COMMON-L iny person na	AW PARTNERS YOU ARE Inmed in Part I above) with v	NO LONGER LIVING W whom you have lived at	TH. Provide any time du	Information on any ring the past 2 years.					
(See instructions.) Not applicable. I have not lived with a sp	ouse or com	mon-law partner in the pas	t 2 years (other than ar	v person na	med in Part I above).					
Your former spouse(s) or common-law partner(s) will			signed below.	Bergio Milita	The stage of the s					
27a) Former spouse or common-law partner's las			27b) Former spouse or	common-lav	partner's first name					
27c) Date of birth (Y-M-D)		27d) Telephone number	and time when he/she	nay be conta	cted					
27 by Date of Sittle (1-111-5)		()		day evening						
27e) Street / Rural route / PO Box number				27f) Apt. / L	Init					
27g) City	27h) Provinc	ce / State	27i) Country	<u> </u>	27j) Postal / Zip code					
			J							
I declare that I do not know the current address			e / common-law partner.							
FOR ANY SAFETY CONCERNS ABOUT THIS APPLIC 27k) Signature of former spouse or common-law		E.CALL 1 800 731-4000.	27I) Date (Y-M-D)							
PART K: FIRST REFERENCE (CANNOT BE y			or at least 3 years) 28c) Telephone number a	nd time when h	Vicho may be contacted					
28a) Reference's last name	28	Bb) Reference's first name	28c) Telephone number a	nd unie when he	day					
28d) Reference's address	<u> </u>		16		28e) Apt. / Unit					
28f) City	28g) Provinc	ce / State	28h) Country		28i) Postal / Zip code					
I have known the applicant for THREE YEARS of accurate to the best of my knowledge and belief, and acquire firearms.	I know of no i	reason why, in the interest of	safety, the applicant she	e above appl ould not be gi	cation and find it to be ven a licence to possess					
28j) Reference's signature	Tara state and service at	***	28k) Date (Y-M-D)							
PART L: SECOND REFERENCE (CANNOT B			u for at least 3 years) 29c) Telephone number a	ad time when h	/aha may be contacted					
29a) Reference's last name	. 29	9b) Reference's first name	29C) Telephone number a	no une wijen n	day evening					
29d) Reference's address					29e) Apt. / Unit					
			Lacina		200 Peak-1 / 7's d-					
29f) City	29g) Provin	ce / State	29h) Country		29i) Postal / Zip code					
I have known the applicant for THREE YEARS of accurate to the best of my knowledge and belief	or more. I have	e read the information supplier	ed by this individual on the	e above appl	ication and find it to be iven a licence to possess					
and acquire firearms.	KIIOW OI IIO	reason any, in the interest o	. cc.orl, the applicant an							
29j) Reference's signature			29k) Date (Y-M-D)							

REGULATIONS APPLYING TO ABORIGINAL PEOPLES

The Firearms Act includes regulations that apply particularly to Aboriginal peoples. If you are applying under these regulations, call 1 800 731-4000 to obtain information on the procedures and the documents to attach to your application. If you are applying under these regulations, you must:

be an Indian, an Inuit, a Métis or beneficiary under a land claims agreement referred to in section 35 of the Constitution Act, 1982;

- be a member of an Aboriginal community:

- engage in the traditional hunting practices of that Aboriginal community.

INSTRUCTIONS

- Questions in BOLD with a " * " in front have special instructions.
- They will help you understand the questions better so that you can answer correctly.
- An incomplete application will result in processing delays.

Boxes 8a) to 8f) - Residence address: You must provide the physical location of the place where you live. This information is not necessarily where you are receiving your mail. If you do not have an address with a street number and a street name because you are living in a rural area, please indicate your rural address (for example, lot and concession number).

Boxes 9a) to 9f) - Mailing address: The mailing address is the location where you are receiving your mail. Provide this address only if it is different from your residence address

Boxes 13a), b) and c) - You are required to name one piece of identification. It must be an official piece of identification issued by a federal, provincial,

territorial, regional or city government and it must have a number.

In Box 13a), print the type of identification you are listing (for example, driver's licence, health card, passport, birth certificate, citizenship certificate, permanent resident document or other similar document).

In Box 13b), print the name of the province / state / country that issued the identification.

In Box 13c), print the number of that piece of identification (for example, your driver's licence number, your passport number, etc.).

Box 14 - If you checked Box 14d), you MUST apply for acquisition privileges by completing page 2 of this application unless you are applying under the regulations that apply particularly to Aboriginal peoples.

You must out a "/" in the boxes that correspond to the classes of firearms that you currently own. This information is required to ensure that the licence you will receive includes all the classes of firearms that you possess and that you are allowed to possess, transport, carry or borrow. If you are unsure of the class of firearm that you currently own, call 1 800 731-4000 for further information.

If you checked Box 14b) or Box 14c), please provide the registration certificate number of at least one of your restricted or prohibited firearms in order to expedite the process.

The definitions below may help you answer question 14, which asks about the classes of firearms you already own.

an ordinary rifle, shotgun or combination gun that is not described below as being restricted or prohibited.

- a handgun that is not a prohibited firearm.
- a semi-automatic, centre-fire rifle or shotgun with a barrel length less than 470 mm (18 1/2 in) that is not prohibited.

- a rifle or shotgun that can fire after being reduced by any temporary means (folding, telescoping) to an overall length of less than 660 mm (26 in).
- any firearm classified by the Governor in Council and prescribed under the Criminal Code as being restricted (including some long guns).

Prohibited firearm:

- a prohibited handgun, that is, with a barrel of 105 mm (4 1/8 in) or less, or designed or adapted to discharge a 25 or 32 calibre cartridge.

- a rifle or shotgun that has been changed to make it less than 660 mm (26 in) in overall length.

- a rifle or shotgun that has been changed to make it 660 mm (26 in) or more in overall length, with a barrel less than 457 mm (18 in).

- automatic firearms or converted automatic firearms.

- any firearm classified by the Governor in Council and prescribed under the Criminal Code as being prohibited

Certain handguns used in international sporting competitions are exempt from the definition of prohibited firearm. For a list of these, please call 1 800 731-4000.

Part C - You are required to include a current photograph of yourself (similar to those used for passports) signed by anyone who has known you for at least 1 year. For all the photo details, see the page containing the labels.

Box 20a) - You will qualify as a sustenance hunter only if you require firearms to hunt or trap in order to sustain yourself or your family.

If you are applying as a sustenance hunter, you are not required to pay a fee for non-restricted firearms. To determine if you are a sustenance hunter and what kind of documentation may be required, call 1 800 731-4000.

The fee for a Possession-Only Licence depends on when you apply. Until October 15, 2000: \$10. After October 15, 2000: \$60.

The fee for a Possession and Acquisition Licence depends on the class(es) of firearm(s) you are applying to acquire. Non-restricted firearms: \$60. Restricted firearms: \$80. Prohibited firearms: \$80.

Box 23a) - To get a Possession and Acquisition Licence for non-restricted firearms, you must have passed the test for the Canadian Firearms Safety Course (CFSC). Complete Box 23a) if this applies to you. If you passed this test before February 1, 1999, you will also qualify for restricted firearms.

Box 23b) - To get a Possession and Acquisition Licence for restricted or prohibited firearms, you must have passed two safety tests – the Canadian Firearms Safety Course and the Canadian Restricted Firearms Safety Course. Complete Box 23b) if this applies to you. If you took the Canadian Firearms Safety Course before February 1, 1999, you are considered to have met both these requirements.

Box 23c) - In Manitoba and Quebec, many hunter safety or similar courses taken prior to 1994 were approved as being equal to the CFSC requirement. If this applies to you, complete Box 23c), including the name of the course; if you are unsure, call 1 800 731-4000.

Finally, the Chief Firearms Officer has the authority to alternatively certify that you meet the requirements regarding the safe handling and use of firearms and the laws relating to firearms. If you have such a document, then put a "\script" in the "yes" part of Box 23c) and provide a photocopy of this document with your application.

Box 25 - Put a "<" in the box that shows the class of firearm you are applying to acquire. If you are unsure of the class of firearm that you are applying to

Box 25 - Put a ** In the box that shows the class of firearm you are applying to acquire. If you are unsure of the class of firearm that you are applying to acquire, please call 1 800 731-4000 for assistance.

If you are applying for a licence that allows you to acquire a prohibited handgun manufactured prior to 1946, that you are receiving as a spouse, brother, sister, child or grandchild, and if you are not grandfathered to possess prohibited handguns, please call 1 800 731-4000 for further instructions.

If you are applying for a Possession and Acquisition Licence for employment purposes, check Box 25d).

PARTS I and J, Boxes 26 and 27 - A spouse is a person to whom you are legally married. A common-law partner, including a same-sex common-law partner, is a person with whom you have lived as a couple for 3 months or more

The signature of your current spouse or common-law partner, or your former spouse(s) or common-law partner(s), is not legally required. However, if their signatures are not provided, the Chief Firearms Officer has a duty to notify them of this application.

Boxes 26a) to 26f) - Please provide information regarding a spouse or common-law partner with whom you now live.

Boxes 27a) to 27j) - Please provide information regarding all former spouses or common-law partners with whom you have lived in the last 2 years. (Attach a separate page if needed.) If the current address and/or telephone number of your former spouse or common-law partner is unknown, please put a (/) in the box under question 27g).