

STATE OF IOWA

APPLICATION FOR ANNUAL PERMIT TO ACQUIRE PISTOLS / REVOLVERS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

NOTICE Read and sign the authorization for release on the reverse side before proceeding NOTICE

Name (last) (first) (middle) Phone # () -

Other Names Ever Used (aliases)

Residence (city) (state) (zip)

DL or Non-Opr ID# Birthdate Age County of Residence

All of the following questions must be answered:

- Yes No 1. Have you ever been convicted of a felony? 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault? 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)? 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap? 6. Have you ever been convicted of the misdemeanor crime of hazing? 7. Have you ever been convicted of the misdemeanor crime of stalking? 8. Are you addicted to the use of alcohol or any controlled substance? 9. Do you have a history of repeated acts of violence? 10. Have you ever been adjudged mentally incompetent? If you answered yes to any of the above, please explain: 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number: Country of birth: Alien registration number:

ISSUING OFFICIAL

MUST BE COMPLETED BY SHERIFF

Application: Approved Disapproved Date

Reason Disapproved:

Signature Sheriff of County, Iowa

Authorization for Release - Weapon Permit Applications

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, 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.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

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 suitability for obtaining a permit to carry or acquire 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 the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I hereby certify that the information provided on this application is true and correct to the best of my knowledge.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.17 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature _____

Date _____

APPLICATION. The application for an annual permit to acquire pistols or revolvers may be made to the sheriff of the county of the applicant's residence and shall be on a form prescribed and published by the commissioner of public safety.

ISSUANCE. The annual permit to acquire pistols or revolvers shall be issued to the applicant immediately upon completion of the application and review by the sheriff to ensure that the applicant qualifies for the permit as provided by Section 724.15 of the *Code of Iowa*. The annual permit to acquire pistols or revolvers shall be on a form prescribed and published by the commissioner of public safety. The permit shall contain the name of the permit holder, the social security number of the permit holder, the residence of the permit holder, and the effective date of the permit.

VALIDITY. The permit shall be valid throughout the state and shall be valid three days after the date of application, unless denied by the sheriff of the county, and shall expire one year after the date of application. If it is determined at any time that the permit holder has become disqualified, the issuing officer may immediately cancel the permit.

PROCEDURE FOR MAKING APPLICATION. A person may personally request the sheriff to mail an application for a permit to acquire pistols or revolvers and the sheriff shall immediately forward it to the person. Completed applications must be delivered to the sheriff in person. For the purposes of this section the date of application shall be the date on which the sheriff receives the completed application.

ANNUAL PERMIT TO ACQUIRE REQUIRED. Any person who acquires ownership or transfers ownership of a pistol or revolver without having either a valid permit to acquire pistols or revolvers or a valid permit to carry weapons is guilty of a simple misdemeanor, unless a permit is not required under the provisions of Section 724.15(2) of the Code of Iowa.