

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- | | |
|--|--|
| <input type="checkbox"/> Professional Permit (WP1) | <input type="checkbox"/> Peace Officer Permit (WP7) |
| <input type="checkbox"/> Nonprofessional Permit (WP2) | <input type="checkbox"/> Reserve Peace Officer Permit (WP10) |
| | <input type="checkbox"/> Correctional Officer Permit (WP9) |
|
 | |
| <input type="checkbox"/> New Application | |
| <input type="checkbox"/> Renewal - Permit Number _____ | |

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

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

Other Names Ever Used (aliases) _____

Residence _____
(city) (state) (zip)

Driver License or Non-Operator ID# _____ County of Residence _____

Birthdate ____/____/____ Age ____ Sex ____ Hgt ____ Wgt ____ Hair ____ Eyes ____

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 understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 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 _____

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, jailer, correctional 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 citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

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This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature _____ Date _____

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date _____

Reason Disapproved: _____

Signature _____ Sheriff of _____ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee