

7. Yes No Have you been found negligent in any firearm related mishap causing death or injury to another person?
8. Yes No Have you provided accurate and true facts on this application?
9. Yes No Have you ever been dishonorably discharged from the U.S. Armed Forces?
10. Yes No Were you a citizen of the United States who has renounced his or her citizenship?
11. Yes No Are you legally blind? (Legally blind means your vision is not impaired more than 20/200 visual acuity in the better eye, or your vision cannot be improved to be better than 20/200, or you do not have a loss of vision due wholly or in part to impairment of field vision or to other factors which affect the usefulness of vision to a like degree. If the Firearms Registration Section determines there are reasonable grounds to believe that the certification provided is not accurate, you may be required to obtain a certification from a licensed optometrist that you meet the vision requirements as stated above.)
12. Yes No Have you been convicted of two or more violations for driving under the influence within the past five years?
13. Yes No Have you been the subject of a civil protection order within the past five years?
14. Yes No Have you been convicted of a misdemeanor intrafamily offense?
15. Yes No Are you an alcoholic, addict, or habitual user of a controlled dangerous substance?
16. Yes No Do you currently suffer – or have you suffered in the past five years – from any mental illness or condition that creates a substantial risk that you are a danger to yourself or others?

Authorization to Disclose Mental Health Records

If you checked “Yes” on Question 16 on page 2 of this application, you must authorize the D.C. Department of Behavioral Health, or any other similar agency or department of another state, to disclose to the Metropolitan Police Department information on whether you: (1) Suffer from a mental disorder and have a history of violence; or (2) Have been voluntarily or involuntarily committed to a mental health facility or an institution that provides treatment or services for individuals with mental disorders.

By signing here, you hereby make the authorization stated in the preceding paragraph.

Applicant’s signature

Date

Firearms Training Background

1. Have you completed a recertification class consisting of 4 hours of training from an MPD-certified firearms training instructor?

- Yes No

2. Have you submitted **validated*** proof of 2 hours of range fire practice and/or training within the last 12 months?

- Yes No

*Note: MPD will assess as to whether the submission of proof meets the required standard. (An approved MPD-CCW firearms instructor can provide this validated requirement in order to alleviate conflicts of standards.)

Basis for Request for a Concealed Carry Pistol

Under District law, an applicant must demonstrate that either they have good reason to fear injury to himself or herself or property or they have another proper reason for carrying a concealed pistol.

Please check the box below the basis of your application and supports your basis for renewal of your concealed carry license.

- Good reason to fear injury to person or property:** You fear injury to yourself and can show a special need for self-protection, such as evidence of specific threats or previous attacks which demonstrate a special danger to your life.
- Other proper reason to carry a concealed pistol:** Your employment requires that you handle large amounts of cash or valuables that you must transport on your person. Or you are the adult member of a family that needs to provide protection for a family member who is physically or mentally incapacitated to a point where he or she cannot act in defense of himself or herself, and the family member who is physically or mentally incapacitated can demonstrate a good reason to fear injury to his or her person.

By answering "yes" in the area provided below, you affirm that the facts and circumstances remain for the reason you indicated above and that the "good reason" or "other proper reason" for which your original concealed carry license was granted has not changed. If the reasons or circumstances for your justification for having a concealed carry license have changed, or no longer exist, please answer "No" in the space provided below and provide an explanation:

- Yes No

If an explanation is needed, please use the space provided below:

Applicant Affirmation

In signing this Concealed Carry Pistol License Renewal Application, I am affirming under oath each of the following declarations:

- I have provided true and accurate information in this document and any supporting documents attached to this application.
- I understand that any knowing material omission or false statement made by or provided by me as part of this application may be considered grounds for denial of a concealed carry license or revocation for a license falsely obtained.
- I understand that making a false statement is punishable by criminal penalties under D.C. Official Code § 22-2405.
- I am not prohibited under federal or District of Columbia law (or the law of the state of my residence) from possessing a firearm.
- I shall be responsible for compliance with all federal and District of Columbia laws, rules, regulations, and procedures that are applicable to a Concealed Carry Pistol License.
- I agree to allow the Metropolitan Police Department to conduct a criminal history records check based on my personal information.

Applicant's signature

Date