BROOMFIELD POLICE DEPARTMENTCONCEALED HANDGUN PERMIT APPLICATION

WARNING: The information you provide will be verified. Providing false information on this application constitutes a criminal offense for which you may be prosecuted. Print or type all information except signatures.

Type of Permit Requested: □ □-Temporary/Emergency	l-Regular Renewal? □-Y Permit	#: □-N	County of Issu	ne:		
Applicant's Name (Last, First and Middle):			Resident of Colorado? □-Y □-N			
Other Names (nickname, maiden name, alias, etc.):				Date of Birth:		
*Social Security Number:	**Colorado County of Residence:					
Current Home Address:		City/State/Zip:		***Area Code + Home Pho	ne.	
Guirent Home Address.		Oity/Gtate/Zip.		Area Gode Friome Frie	nic.	
Mailing Address if Different from A	Above:	City/State/Zip:		***Daytime Phone - Area (Code + Phone:	
Length of Time at Current Addres	s: If at current address for less than ten yea additional space if needed)	urs, list all previous addresses for the	past ten years: (a	ttach a separate sheet of pa	per for	
1.		3.				
2.		4.				
Applicant History - If you and attach it to this for explanations by precedir clearly legible. Concerning 1. Have you been treated 2. Have you had two or m 3. Have you ever been constant.	will help us contact you, if necessary, to come answer "yes" to questions one m. Where applicable the informing each with the number of the peng "conviction", answer "no" if part for alcoholism within the past ten year ore alcohol-related convictions within anvicted of perjury under C.R.S. Sectionally within the period of either a criminal or civil restrated.	through fourteen, provide nation provided must inclertinent question. Print of doned or if the conviction hars, or ever been involuntarily the past ten years?	e a detailed e lude dates, I or type all info nas been exp or committed as	ocations, etc. Reformation. Attachmed bunged, sealed or sealed an alcoholic?	erence youents must bet aside -Y	
	ent or information in any court for a felo					
more than one year?					□-Y □-	
6. Have you been convict	ed in any court of a felony, or attempt	or conspiracy to commit a fe	elony, or any o	ther crime for which		
	nprisoned you for <i>more</i> than one year					
7. Are you a fugitive from	justice?				□-Y □-	
•	er of, or addicted to, marijuana, or any	· · ·	_	•		
controlled substance?					□-Y □-	
9. Have you ever been ac	ljudicated mentally defective (which in	ncludes having been adjudica	ated incompete	ent to manage your		
own affairs) or have you ever been committed to a mental institution?					□-Y □-	
10. Have you ever been co	onvicted in any court of a misdemean	or crime of domestic violence	e as defined in	the code		
of Federal Regulations	s, subpart 178.11?				□-Y □-	
11. Have you ever been a	djudicated as a juvenile for a crime that	at would constitute a felony i	f committed by	an adult or		
attempt or conspiracy	to commit a felony, under any state la	w or federal law?			□-Y □-	

(form continued on other side)

12.	Have you ever been discharged from the Armed Forces under <i>dishonorable</i> conditions?□-Y □-N					
13.						
14.	Are you of alien or non-citizen status in the United States? (if you answer "yes" please complete supplemental form) □-Y □-N					
	PROOF OF FIREARMS TRAINING					
	Please check one pertaining to your application submittal.					
mus	A training certificate from a handgun training class (as defined in C.R.S. 18-12-202.5) obtained within the ten years preceding submittal of this application. It to the original training certificate or a photocopy that includes the original signature of the class instructor. ** The Broomfield Police Department does accept online training courses or Hunter Safety Training as proof of handgun training. **					
	roof of honorable discharge from a branch of the United States Armed Forces (DD214) within the three years preceding submittal of this application.					
	Proof of honorable discharge from a branch of the United States Armed Forces (DD214) that reflects pistol qualifications obtained within the ten years eding submittal of this application.					
	Evidence that, at the time this application is submitted, the applicant is a certified instructor.					
	Evidence of experience with a firearm through participation in organized shooting competitions or current military service.					
	certificate showing retirement from a Colorado Law Enforcement Agency that reflects pistol qualifications obtained within the ten years preceding submittal is application.					
	NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER NOTE TO RECIPIENT: A PHOTOCOPY REPRODUCTION 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 POLICE DEPARTMENT'S CONCEALED WEAPONS FILES.					
I ce	dguns have been classified by both Federal and Colorado law as deadly weapons. They are capable of causing death, serious injury, and property damage. tify that I have read and understand the information provided in the application packet and the attached Colorado Revised Statutes pertaining to the use of dly physical force, and agree that any violation will be cause for revocation of this permit.					
By i han indii the	ssuing this permit, the Broomfield Police Department shall not be held liable or responsible for the manner in which the permit holder uses the concealed dgun 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 ectly from the intentional, reckless, negligent or accidental discharge of a handgun, or any criminal acts committed by the permit holder involving the use of concealed handgun. Furthermore, the Broomfield Police Department in no way stands as Warrantor or Guarantor of the structural, mechanical, or functional ss of the concealed handgun for any purpose whatsoever.					
com wha	signing this application, I acknowledge and accept the terms contained in the Notice of Disclaimer. I hereby certify that all statements made by me in the pletion of this application are, to the best of my knowledge, accurate and true. I understand that any false answer (deceitfully made) or any fraud tsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit is subsequently discovered, such fraud and/or eit will become grounds for rejection of this application and may result in criminal charges.					
	ly understand that the Broomfield Police Department conducts a background investigation of all applicants who are being considered for a concealed dgun permit. This investigation includes, but is not limited to, an investigation of military, police, driving records, and character.					
pert	reby authorize any person who is contacted by Broomfield Police Department personnel to release any information to the Broomfield Police Department aining to the background investigation including, but not limited to, military, police, driving records and character for use by the Broomfield Police Department e consideration of my application.					
	ther agree to release and hold harmless the Broomfield Police Department, its agencies, elected officials, officers, agents, and employees from any and all lity or claims which I may have arising out of the disclosure of such information to the Broomfield Police Department in the consideration of my application.					
	authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claims or liability set forth herein I survive the termination of the agreement.					
	applicant swears under oath that the contents of the permit application and the information contained in the permit application is true and rect.					
	olicant's Signature Subscribed and sworn before me thisday of,					
	Witness my hand					

Chief of Police or Designee