



**Gilpin County Sheriff's Office**  
Application for Concealed Handgun Permit



GCSO Permit No. \_\_\_\_\_  
Office Use Only

Permit Expires: \_\_\_\_\_

**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.**

**Initial Permit: \$152.50** Payable to Gilpin County Sheriff's Office (Cash, Personal Check or Credit Card)

**Renewal: \$63.00** Payable to Gilpin County Sheriff's Office (Cash, Personal Check or Credit Card)

Type of Permit Requested: <input type="radio"/> Retired Peace Officer <input type="radio"/> Initial <input type="radio"/> Temporary/Emergency <input type="radio"/> Renewal		Comments (Sheriff's Office Use Only):	County of Issue: <b>GILPIN</b>
Applicant's Name (Last, First and Middle):		Colorado DL or ID#:	Resident of Colorado? <input type="checkbox"/> Y <input type="checkbox"/> N
Other Names (nickname, maiden name, alias, etc.):		Colorado DL or ID#:	Date of Birth:
*Social Security Number:		**Colorado County of Residence:	
Current Home Address:			
City/State/Zip:		***Area Code + Home Phone:	
Mailing Address if Different from Above:			
City/State/Zip:		***Daytime Phone - Area Code + Phone:	
Length of Time at Current Residence	If at current address for less than ten years, list all previous addresses for the past ten years. Attach separate sheet of paper if needed		
1.	3.		
2.	4.		

\* Social Security number is voluntary, but may assist in the background investigation in the event there are other individuals with a similar name who have had contact with law enforcement authorities. It also helps to ensure that your record will never be accidentally merged with that of any other individual.

\*\* If not a Colorado resident, please explain in a separate attachment why you need a permit and identify any property or business you own in Colorado.

\*\*\* Voluntary. This information will help us contact you if necessary to complete the application process.

**Applicant History:** If you answer "yes" to questions one through fourteen, provide a detailed explanation on a **separate** sheet and attach it to this form. Where applicable, the information provided must include dates, location, etc. Reference your explanations by preceding each with the number of the pertinent question. Print or type all information. Attachments must be clearly legible. Concerning "conviction"; answer "no" if pardoned or if the conviction has been expunged, sealed or set aside.

1. Have you been treated for alcoholism within the last ten years or ever been involuntarily committed as an alcoholic?  Yes  No
2. Have you had two or more alcohol related convictions within the past ten years?  Yes  No
3. Have you ever been convicted of perjury under C.R.S. Section 18-8-503?  Yes  No
4. Are you currently the subject of either a criminal or civil restraining order?  Yes  No
5. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year?  Yes  No
6. Have you been convicted in any court of a felony, or attempt or conspiracy to commit a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?  Yes  No
7. Are you a fugitive from justice?  Yes  No
8. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug or controlled substance?  Yes  No
9. Have you ever been adjudicated mentally defective (which includes being adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?  Yes  No
10. Have you ever been convicted in any court of a misdemeanor crime of domestic violence as defined in the code of Federal Regulations, subpart 178.11?  Yes  No
11. Have you ever been adjudicated as a juvenile for a crime that would constitute a felony if committed by an adult or attempt or conspiracy to commit a felony, under any state law or federal law?  Yes  No
12. Have you ever been discharged from the Armed Forces under dishonorable conditions?  Yes  No
13. Have you ever renounced your United States citizenship?  Yes  No
14. Are you of alien or non-citizen status in the United States? (If you answer "yes" please complete supplemental form)  Yes  No

**PROOF OF TRAINING**

- A training certificate from a handgun training class (as defined in C.R.S. 18-12-202.5) obtained within ten years preceding submittal of this application
- Proof of honorable discharge from a branch of the United States Armed Forces (DD214) within 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 ten years preceding submittal of this application.
- Evidence that, at the time of this application is submitted, the applicant is a certified instructor.
- Evidence of experience with a firearm through participation in organized shooting competitions, current military service or current law enforcement.
- A certificate showing retirement from a Colorado Law Enforcement Agency that reflects pistol qualifications obtained within ten years preceding submittal of this application.

**NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER**

**NOTE TO RECIPIENT: A PHOTOCOPY REPRODUCITON OF THE 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 THE FORM WILL REMAIN IN THE SHERIFF'S OFFICE CONCEALED WEAPONS FILES.**

Handguns have been classified by both Federal and Colorado Law as deadly weapons. They are capable of causing death, serious injury, and property damage. I certify I have read and understand the information provided in the application packet and the attached Colorado Revised Statues pertaining to the use of deadly physical force, and agree that any violation will be cause for revocation of this permit.

By issuing this permit, the issuing County Sheriff, Sheriff's Office County, County Sheriff's of Colorado and employees shall not be held liable or responsible for the manner in which the permit holder uses the concealed handgun or the result 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 indirectly from the intentional, reckless, negligent or accidental discharge of a handgun, or any criminal acts committed by the permit holder involving the use of the concealed handgun. Furthermore, the issuing County Sheriff's Office in no way stands a Warrantor or Guarantor of the structural, mechanical, or functional fitness of the concealed handgun for any purpose whatsoever.

By 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 completion of this application are, to the best of my knowledge, accurate and true. I understand that any false answer (deceitfully made) or any fraud whatsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit are subsequently discovered, such fraud and/or deceit will become grounds for rejection of the application and may result in criminal charges.

I fully understand that the issuing County Sheriff's Office conduct a background investigation of all applicants who are being considered for a concealed handgun permit. This investigation includes, but is not limited to, an investigation of military, police, driving records, mental health records, and character.

I hereby authorize any person who is contacted by the issuing County Sheriff's Office personnel to release any information to the issuing County Sheriff's Office pertaining to the background investigation including, but not limited to, military, police, driving records and character for use by the issuing County Sheriff's Office in the consideration of my application.

Pursuant to C.R.S. 27-10-120(1)(b), I hereby authorize any person who is contacted by the issuing County Sheriff's Office personnel to release any information obtained and records prepared in the course of providing any services under the Care and Treatment of the Mentally Ill Act (C.R.S. 27-10-101, et. seq.) to the Sheriff's Office in the consideration of my application for a concealed handgun permit.

I further agree to release and hold harmless the issuing County Sheriff's Office, its agencies, elected officials, officers, agents and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the issuing County Sheriff's Office in the consideration of my application.

This 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 shall survive the termination of the agreement.

THE APPLICANT SWEARS UNDER OATH THAT THE CONTENTS AND INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

Witness my hand and official seal. \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Signature

**ADMINISTRATION USE**

APPROVED

Sheriff Approval (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

DENIED

Application Denied on (date) \_\_\_\_\_ by (Sheriff Signature) \_\_\_\_\_

Reason for denial: \_\_\_\_\_

APPEAL

Appeal Received on (date) \_\_\_\_\_ Appeal Reviewed by: \_\_\_\_\_

Final Appeal Decision: Final Denial: \_\_\_\_\_ Permit Issued: \_\_\_\_\_

**CHP RENEWAL AFFIDAVIT**

I \_\_\_\_\_ do hereby solemnly swear and affirm that I am, and continue to be, firearms qualified pursuant to my original training certificate and the specific criteria outlined in my initial application for a Concealed Handgun permit.

An applicant who knowingly and intentionally makes a false or misleading statement on a permit application or deliberately omits any material information requested on the application commits perjury as described in Colorado Revised Statute (C.R.S.) 18-8-503. Upon conviction, the applicant shall be punished as provided in 18-1.3-501 of the Colorado Revised Statute. In addition, the applicant shall be denied the right to obtain or possess a permit, and the Sheriff shall revoke the applicant's permit if issued prior to conviction.

\_\_\_\_\_  
Applicant Signature

State of Colorado  
County of Gilpin

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
whose identity I proved on the basis of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires

**BACKGROUND INVESTIGATION** (Sheriff's Office Use Only)

Fingerprints or Application Copy (1<sup>st</sup> Page) Sent to CBI:

Date Sent: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Response from CBI Received:

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**GILPIN COUNTY SHERIFF'S OFFICE BACKGROUND CHECK:**      \_\_\_\_\_ No Record Found      \_\_\_\_\_ Record Found

Record Description: \_\_\_\_\_ Date of Record: \_\_\_\_\_

Record Description: \_\_\_\_\_ Date of Record: \_\_\_\_\_

Record Description: \_\_\_\_\_ Date of Record: \_\_\_\_\_

Record Description: \_\_\_\_\_ Date of Record: \_\_\_\_\_

Record Description: \_\_\_\_\_ Date of Record: \_\_\_\_\_

Record Description: \_\_\_\_\_ Date of Record: \_\_\_\_\_

**ADDRESS OF APPLICANT FOUND IN OTHER JURISDICTIONS:**

Address / City / Jurisdiction: \_\_\_\_\_ Date(s): \_\_\_\_\_

Address / City / Jurisdiction: \_\_\_\_\_ Date(s): \_\_\_\_\_

Address / City / Jurisdiction: \_\_\_\_\_ Date(s): \_\_\_\_\_

Address / City / Jurisdiction: \_\_\_\_\_ Date(s): \_\_\_\_\_

**RENEWAL FROM ANOTHER COUNTY:**

County: \_\_\_\_\_ In Good Standing: Yes No Date Verified: \_\_\_\_\_

**COMMENTS AND RECOMMENDATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Background Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

CHECKLIST (Sheriff's Office Use Only)

APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

Date Received: \_\_\_\_\_ Application Received By: \_\_\_\_\_

**\*CERTIFIED FUNDS MEANS MONEY ORDER OR CASHIER'S CHECK**

ALL APPLICATIONS

- Sworn Signature (notarized)
- Proof of Residency (Colorado Driver's License, CO I.D. Card, Military Duty Orders)
- Photo

REGULAR CIVILIAN APPLICANT

- \$152.50 Cash or check payable to Gilpin County Sheriff's Office or credit/debit card
- 21 Years of age
- Proof of Training\*\*
- Fingerprints

TEMPORARY / EMERGENCY PERMIT

- \$55.50 cash or check payable to Gilpin County Sheriff's Office or credit/debit card
- 18 Years of age or older

RETIRED LAW ENFORCEMENT

- SHERIFF'S OFFICE FEE WAIVED FOR RETIRED LAW ENFORCEMENT
- \$13.00 cash or check payable to Gilpin County Sheriff's Office or credit/debit card
- Copy of Driver's License
- Copy of Agency I.D.
  - Verified by
    - Phone \_\_\_\_\_
    - Mail \_\_\_\_\_
    - E-Mail \_\_\_\_\_
    - Date Verified \_\_\_\_\_
    - Verifier's Name \_\_\_\_\_
- Firearms Qualifications verification

RENEWAL

- \$63.00 Cash or certified funds made payable to Gilpin County Sheriff's Office, or credit/debit card
- Notarized Statement
- County issuing original permit (if not Gilpin) \_\_\_\_\_
  - If not Gilpin:
    - Obtain copy of permit
    - Contact issuing Sheriff's Office to confirm permit has not been revoked or suspended

**\*\* PROOF OF TRAINING REQUIREMENTS:**

1. Participation in organized shooting competition or current military service
2. Proof that applicant is a certified instructor at time of application
3. Proof of honorable discharge from US Military within three years of application
4. Proof of honorable discharge from US Military that reflects pistol qualifications within ten years preceding application submittal.
5. Certificate showing retirement from Colorado law enforcement agency that reflects pistol qualifications within ten years preceding application submittal
6. Original handgun training certificate or copy of training certificate with original signature of class instructor