



DOUGLAS COUNTY SHERIFF'S OFFICE

ADDRESS CHANGE / PERMIT LOST OR DESTROYED FORM



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

Address Change <input type="checkbox"/>		Fee Waiver for Address Change <input type="checkbox"/>		Current Permit Number:	
Lost or Destroyed <input type="checkbox"/>		\$15.00 Fee for Lost or Destroyed Permit Card <input type="checkbox"/>			
Applicant's Name (Last, First and Middle):				Resident of Colorado? <input type="checkbox"/> Y <input type="checkbox"/> N	
Other Names (nickname, maiden name, alias, etc.):				Colorado DL#/Colorado ID#/Military Order:	
Date of Birth:		*Social Security Number:		Colorado County of Residence:	
Current Home Address:			City / State / Zip:		
Length of Time at Current Address:		**Area Code + Phone - Home:		**Daytime Phone - area code + phone:	
Mailing Address if different from above:					
Previous Address:					

*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.

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

NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER

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 that I have read and understand the information provided in the application packet and the attached Colorado Revised Statutes 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 Sheriff of Douglas County; the government of Douglas County, Colorado; County Sheriffs of Colorado; and employees of any and all of the preceding shall not be held liable or responsible for the manner in which the permit holder uses the concealed handgun 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 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 as 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, true, and complete. I understand that any false answer (deceitfully made), any willful material omission, or any fraud whatsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit is subsequently discovered, such fraud and/or deceit will become grounds for rejection of this application and may result in criminal charges.

I fully understand that the issuing county sheriff's office conducts 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, and driving 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, and driving records, and character, for use by the issuing county sheriff's office in the consideration of my application.

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 may arise out of the disclosure of such information to the issuing county sheriff's office in 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.

Applicants Signature _____

State of Colorado
County of _____

Signed and sworn to before me on _____, 20____

By _____
Applicants Name

Notary's RULONA Title (Notary Public, Clerk, Deputy Clerk, Judge)

Notary's official signature