**https://godandarms.com**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** |
|  |  |  |

|  |  |
| --- | --- |
| **Address Street 1** | **Address Street 2** |
|  |  |
| **City** | **County** | **State** | **Zip** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Place of Birth/ City & State** | **Height** | **Weight lbs.** |
|  |  |  |
| **Eye Color** | **Gender Male/Female** | **Birthdate (mm/dd/yyyy)** |
|  |  |  |
| **Race** |
| **American Indian** | **Asian** | **Black** | **Native Hawaiian** | **White** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Driver’s License Number** | **Expiration Date of Driver’s License (mm/dd/yyyy)** |
|  |  |

|  |
| --- |
| **Washington State or your state Concealed License Number** |
| **License Number** | **Expiration Date** | **Permit Number** | **Issuing Authority** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **U.S. Citizen** | **(area code) Phone Number** | **Occupation** |
|  |  |  |

|  |
| --- |
| **Type of firearm** |
| **Make** | **Model** | **Serial Number** |
|  |  |  |

**PLEASE NOTE THAT I NEED A COPY OF YOUR DRIVERS LICENSE AND CONCEALED WEAPONS PERMIT INCLUDED WITH THIS FORM TO PROCESS YOUR PAPER WORK.**