

**https://godandarms.com**

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| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** |
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| --- | --- | --- | --- |
| **Address Street 1** | | **Address Street 2** | |
|  | |  | |
| **City** | **County** | **State** | **Zip** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  | |  |  | |  |

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

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

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

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| --- | --- | --- |
| **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.**