



# POLICE DEPARTMENT

## COUNTY OF KAUAI



**DEREK S.K. KAWAKAMI**, MAYOR  
POLICE  
**MICHAEL A. DAHLIG**, MANAGING DIRECTOR

**TODD G. RAYBUCK**, CHIEF OF

### **KAUA'I POLICE DEPARTMENT**

#### APPLICATION FOR LICENSE TO CARRY FIREARM PACKET

Enclosed is the Application Packet which must be completed for those wishing to apply for a license to carry firearms (concealed or unconcealed). All forms must be completed and all materials provided for your application to be processed.

#### **Kaua'i Police Department Forms to be completed:**

- Kaua'i Police Department Application for License to Carry Firearms;
- Authorization for Use or Disclosure of Protected Health Information.

#### **Required from Applicant:**

- Copy of Photo Identification;
- Copy of current Firearm Registration for firearm to be carried;
- Copy of signed Firearms Proficiency Test including scores (test must be dated within 90 days of application):
  - Firearms Proficiency Test must be taken with the firearm to be carried and completed with verified instructor;
  - Signed Shooting Proficiency Test results must include shooting scores – pass/fail only is not sufficient;
  - Verified instructor must complete Certification of required coursework and proficiency test for submission with application;
- For Applications needed for employment purposes, please complete the notarized Private Security Employer Certification Application.
- Fee; \$150.00 Initial (\$50.00 renewal)
  - Cashier check, certified check, or money order payable to "The Director of Finance".

**APPLICATION FOR LICENSE TO CARRY FIREARMS**

Please complete this application completely and accurately. Your answers will be checked and verified for truthfulness. Falsifying answers on this application will be grounds for denial. In addition, HRS § 134-17; Penalties, shall be applied " ... (a) [i]f any person gives false information or offers false evidence of the person's identity in complying with any of the requirements of this part, that person shall be guilty of a misdemeanor, provided, however, that if any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history in complying with any requirements of this part, that person shall be guilty of a Class 'C' felony." If you do not understand the below questions, please ask for clarification before answering.

Please follow listed instructions and complete all of Section One through Three, followed by Section Four only if you are applying for an unconcealed permit. For concealed carry applications, Section Four should be left blank.

**Section One: Biographical Information**

1. Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

2. Date of Birth: \_\_\_\_\_ 3. Age \_\_\_\_\_ 4. Sex: \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_ 6. SSN: \_\_\_\_\_  
City State/Country Social Security Number

7. Address: \_\_\_\_\_  
Number-Street City State Zip Code

8. Phone Number(s): \_\_\_\_\_  
Home Work Cell

9. Height/Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
Feet & Inches Pounds Color Color

10. Scars/Marks/Tattoos: \_\_\_\_\_  
Description and Location

11. U.S. Citizenship:  No  Yes  By Birth  Naturalization

If Naturalized, Date of Naturalization: \_\_\_\_\_ Citizenship Certificate Number: \_\_\_\_\_

Lawful Permanent Resident  Accredited Rep. of Foreign Nation

12. Occupation: \_\_\_\_\_

13. Present Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_



23. Have you ever been acquitted of a crime on the grounds of mental disease, disorder, or defect (as defined in HRS § 704-411)?  Yes  No

24. Are you currently or have you ever been under treatment for or have you ever been diagnosed as having behavioral, emotional, or mental disorders?  Yes  No

25. If you are under the age of twenty-five, please answer the following: have you ever been adjudicated by the family court to have committed a felony, any crimes of violence, or any illegal sale of a drug?  Yes  No

26. Have you been discharged from the Armed Forces under dishonorable conditions (as defined in 18 U.S.C. § 922(g)(6))?  Yes  No

27. Have you ever been restrained pursuant to an order of any court, including an ex parte order, from contacting, threatening, or physically abusing any person?  Yes  No

28. In the last two years, has anyone alleged that you have committed domestic violence, even if no arrest was made or no conviction resulted?  Yes  No

29. In the last two years, have you been arrested, cited, or officially warned (whether verbal or in writing) for failing to register a firearm or failing to properly store or transport a firearm or ammunition?  Yes  No

30. In the last two years, have you been arrested, cited, or officially warned (whether verbal or in writing) for your use or possession of intoxicating compounds or intoxicating liquors (as defined in HRS § 712-1240)?  Yes  No

31. Have you been arrested in the last five years?  Yes  No

If the answer to any of the above questions is "Yes," please explain below. Feel free to attach any supporting documents to your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section Four: Background Information for Open Carry Only**

For unconcealed carry applications only, please answer the questions below. If the answer to any question is yes, please explain in the space provided.

32. Have you been subject to a credible threat of harm to life and/or property in the last two years?  Yes  No

33. If the answer to number 32 is "Yes," are you aware of any corroboration of that threat in the form of documents, reports, witness statements, or other first-hand sources?  Yes  No

34. In the last two years, have you been the victim of a crime, such as domestic abuse or other violence, in which you were specifically targeted, as opposed to being the victim of a seemingly random act?  Yes  No

35. Are you aware of any temporary restraining orders, protective orders, or other court orders entered on your behalf in the last two years which may demonstrate a risk of harm to your (or your family's life) or property?  Yes  No

36. Does your profession support the need for a firearm due to a heightened risk of attack or violence which you personally face?  Yes  No

37. Are you employed in job which requires protection of the life and/or property of others?  Yes  No

38. Are you aware of whether your spouse, close family member, or other dependent faces a severe risk of bodily harm?  Yes  No

39. Are there any other facts or circumstances which you believe support your application for a permit to carry an unconcealed firearm?  Yes  No

If the answer to any of the above questions is "Yes," please explain below. Feel free to attach any supporting documents to your application.

---

---

---

---

---

**Section Four: Certifications**

Please check the boxes next to each statement to signify that, as applied to the Applicant, the statement is accurate and complete:

- I understand that falsifying answers on this application will be grounds for denial.
- I am aware that HRS 134-17; Penalties, shall be applied "... (a) [i]f any person gives false information or offers false evidence of the person’s identity in complying with any of the requirements of this part, that person shall be guilty of a misdemeanor, provided, however, that if any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history in complying with any requirements of this part, that person shall be guilty of a Class ‘C’ felony.”
- I have read and understand application laws of the State of Hawai`i specific to carrying of firearms and use of force and self-defense, including but not limited to: HRS 134-1 *et seq.*, 703-304, and 703-308.
- I understand federal statutes prohibiting the carrying of firearms in certain locations, including but not limited to: 18 U.S.C. 922(d)(5), (g)(1-9), (n), and (y)(2); 27 CFR 478.11, and 478.32(a)(5). 478.11, and 478.32(a)(5).
- I understand Hawaii State Law prohibiting the carrying of firearms in certain locations, including but not limited to: HRS 134-9.1.
- I am aware that possessing a firearm in a concealed or unconcealed capacity carries with it serious risks. I am further aware that even if legally justified, attempting to shoot or actually shooting property or another person may result in significant liabilities, and the Kaua`i Police Department recommends obtaining some type of liability insurance related to concealed/unconcealed carry of firearms.

I hereby certify that all statements made in this application are true and correct to the best of knowledge. I understand and agree that any misstatements of material fact made in this application may be grounds for the denial or revocation of my permit/license issued on the strength of those facts.

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

\_\_\_\_\_  
Date

**Police Department Use Only (Section Four: Certifications)**

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

\_\_\_\_\_  
Date & Time

Permit No.: \_\_\_\_\_

**Section Five: Private Security Employer Certification**

This is to certify that \_\_\_\_\_ is employed by the below-  
Applicant's Name

listed company as: \_\_\_\_\_  
Applicant's Job Title

As the Applicant's employer, I certify that the nature of the Applicant's duties require that the Applicant carry the firearm(s) described in this Application for the purposes stated, and that the Applicant is qualified to use said firearm(s).

\_\_\_\_\_  
Signature of Employer/ Representative

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Print name of Employer

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Company Address

**Subscribed and sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

(SEAL)

\_\_\_\_\_  
Print name of Notary Public

My commission expires: \_\_\_\_\_.

**NOTARY CERTIFICATION**

Doc. Date: \_\_\_\_\_ No. of Pages: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Fifth Judicial Circuit

Doc. Description: Kaua'i Police Application for License to Carry Firearms, Private Security Employer Certification, of:  
\_\_\_\_\_.

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

\_\_\_\_\_  
Date