



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: _____

Permit No.: _____

14. Employer's Address: _____
Number-Street City State Zip Code

15. Job Title/Position: _____

16. Period of Employment: _____
Start Date End Date (or current)

17. Type of Public Carry Sought: Concealed Carry Open Carry

Section Two: Firearm Information

18. Purpose for Carrying Firearm: _____

19. Weapon To Be Carried: _____
Manufacturer Model

_____ Type Caliber Factory Number

Registered To: _____ Registration No.: _____

Address of Registered Owner: _____
Number-Street City State Zip Code

Where Registered: _____
Number-Street City State Zip Code

Section Three: Background Information for Concealed and Unconcealed Carry

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

20. Are you a fugitive from justice? Yes No

21. Are you under indictment for, or have you waived indictment for having committed a felony, or any crime of violence or an illegal sale of any drug in this State or elsewhere? Yes No

22. Have you ever been under treatment or counseling for addiction to or abuse of, or dependence upon any dangerous, harmful, or detrimental drug, intoxicating compound or intoxicating liquor (as defined in HRS § 712-1240)? Yes No

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

Authorization for Use or Disclosure of Protected Health Information (PHI)

Organization Disclosing PHI Name: State of Hawaii Adult Mental Health Division (AMHD) PO Box 3378 Honolulu, HI 96801-3378	Name of Individual/Organization (Other than AMHD) Disclosing PHI Name:
Organization That Will Receive the Individuals PHI Kaua`i Police Department 3990 Kaana Street, Suite 200 Lihue, HI 96766	
Client/Patient Whose PHI is being Requested	
First Name:	Last Name:
Address:	Birthday:
	Social Security Number:

I, Authorize that the Following Health Information be Used/Disclosed: (Please Initial Below)
_____ Mental Health _____ Substance Abuse Treatment and/or Counseling
The Protected Health Information is Being Used or Disclosed for the Following Purpose (At the request of the Individual is an acceptable purpose of the request made by the individual and the individual does not want to state specific purpose)
To determine my qualifications to own, possess, or control any firearm or ammunition.
Authorize Duration (The authorization will be in force and effect until the event specified below. At that time, this authorization to use or disclose this protected health information expires).
Expiration of Authorization Event That Relates to the Purpose of the Use or Disclosure:
My disqualification from owning, possessing, or controlling any firearm or ammunition.
I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the above stated county police department. I understand that a revocation is not effective to the extent that the county police department has relied on the use or disclosure of the protected health information.
I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. However, I understand that information related to education (FERPTA, 34 CFR, Part 99), alcohol or drug treatment services (42 CFR Part 2) may not be re-disclosed without my authorization.

Signature:	Date:
Print Name:	