



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

POLICE DEPARTMENT COUNTY OF KAUAI



TODD G. RAYBUCK, CHIEF OF POLICE

KAUAI 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.

Kauai Police Department Forms to be completed:

- Kauai Police Department Application for License to Carry Firearms;
- Kauai Police Department Applicant's Waiver of Liability and Release Form with Notary Certification;
- Authorization for Use or Disclosure of Protected Health Information.

Required from Applicant:

- 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;
 - Firearms Proficiency Test must be administered by a state-certified or National Rifle Association Firearms Instructor of the Applicant's choosing (include instructor certification);
 - Signed Shooting Proficiency Test results must include shooting scores – pass/fail only is not sufficient;
- Two passport-sized, front-facing color photographs of Applicant;
- For Applications needed for employment purposes, please complete the notarized Private Security Employer Certification Application.

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 applicable 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 that 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).
- 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.

| |
|-----------------|
| Applicant Photo |
|-----------------|

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

| |
|----------------------------|
| Applicant Right Thumbprint |
|----------------------------|

Police Department Use Only

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

Permit No.: _____

**WAIVER OF LIABILITY AND RELEASE FORM
FOR APPLICATION FOR LICENSE TO CARRY FIREARMS AND WEAPONS**

In order to permit the Kaua'i Police Department ("Department") to make a thorough investigation of my background, family, mental health, and other relevant information for the purpose of determining my fitness and suitability for a License to Carry a Firearm in the County of Kaua'i:

I, _____ ("Applicant"), hereby release from liability and promise to hold harmless from any liability under all possible legal causes of action, any persons that furnish information or opinions regarding Applicant's background for the purpose of completing the license application process.

The Applicant authorizes any person or legal entity who may be contacted by Department officers, employees, or agents, to release and transmit to such officers, employees, or agents any information, data, or opinions they may have regarding my background, family, mental health, and other relevant information. Applicant further agrees to hold harmless and release from liability under all possible legal causes of action the County of Kaua'i, the Department, including officers, employees, or agents for any statements, acts, or omissions in the course of its investigation into Applicant's background.

Signature of Applicant

Date

Subscribed and sworn to before me this

_____ day of _____, 20____.

Signature of Notary Public

(SEAL)

Print name of Notary Public

| | |
|--|------------------------|
| NOTARY CERTIFICATION | |
| Doc. Date: _____ | No. of Pages: _____ |
| Notary Name: _____ | Fifth Judicial Circuit |
| Doc. Description: Applicant's Waiver of Liability and Release Form for Application for License to Carry Firearms and Weapons | |
| _____ Notary Signature | _____ Date |